DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within the law of the hospital or attending physician.	
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24—ours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI	ENT OF H	EALTH AND ME	NTAL HYGIENE REG. NO.		3 30001		
	1. DECEDENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH	1.00	3. TIME OF DEATH		
	GERALDINE	E	SPIKER			12 7	93	21:00 P. M		
	4. SOCIAL SECURITY NUMBER 216-42-8488		SACAR	HE DAYS		DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign intry)		
		1 □ M 2 🖾 F 49	YRS.		00	CT.24,1944	24,1944 BALTIMORE			
œ	90. FACILITY NAME (If not institution, give s ST. AGNES HOSPITA		96.	CITY, TOWN O	R LOCATION OF DEATH		9c. COUNTY OF	DEATH		
5	RESIDENCE OF DECEDENT	.⊔			BALTIMORI					
DIRECTOR	10e. STATE 10b. COUNTY	1	10c. CITY, TO					10d. INSIDE CITY LIMITS?		
	MARYLAND		BA	LTIMOR	E			1 X YES 2 NO		
RAI	100. STREET AND NUMBER 1228 CLEVELAND ST	יחיםים		101.	21230		_	F WHAT COUNTRY?		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	II S ARMED	12 WHS DEC	Z1Z3U	DIOMIO M M. V.		U.S.A.		
F	1 Never Merried 2 Merried	FORCES? 1 YES	2 X NO	If yee, spe	celfy Cuben, Maxican, Pu 2 NO Specify:	verto Rican, etc.)	Bi	CE — American Indian, ack, White, atc.		
Э ВУ	3 X Widowed 4 Divorced				Λ		J Sp	WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	completed)	18a, DECEDENT'S USUA (Give kind of work d life. Do NOT use retin	one durina mos	DN st of working	16b. KIND OF BUSIN	ESS/INDUSTRY			
PLE	12TH GRADE	College (1-4 or 5 +)	PARTS DE		NT	APPLIAN(CE STOR	E		
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (
BE C	ALBERT G. BATHGAT	'E				N HIGDON	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO ADDI	RESS (Street e	nd Number or Rural Route	Number, City or Town,	State, Zip Code)			
-	HAROLD SPIKER			2940	BERO ROAI	- BALTIN	MORE, M	D. 21227		
	20e. METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remo		PLACE AND DATE OF DIS		me of	DATE 20c. LOCA	TION — City or	Town, State		
	4 Donation 5 Other (Specify)	NEV ENSEE	CATHEDER		ETERY		ALTIMOR	E		
	11111	M			D FUNERAL					
	23 PART I Enter the diseases or	Carelland A		4107 W	ILKENS AVI	ENUE-BALT	IMORE.			
		List only one ceuse on each	tha deeth. Do not er ch line.	iter the mod	da of dying, auch aa	cardiac or reepiral	tory arrest,	Approximate interval Between		
	iMMEDIATE CAUSE (Final disease or condition	TNIMPAGMANA	-					Onset and Death		
	resulting in death)	a. INTRACTABL DUE TO (OR AS A	E CONGESTI	VE HE	ART FAILUR	E		-		
z	Sequentially list conditions,	SUSPECTED	PRIMARY PU	LMONA	RY HYPERTE	NSION				
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):							
FIC.	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A (CONSEQUENCE OF):							
FIT	resulting in death) LAST	4	on the second se							
	PADT II Other cignidicant are distant									
CAL	PART ii. Other aignificant condition					i. 24a. WAS AN AU PERFORME		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
MEDIC	<u>Cirrhosis of I</u> undetermined	liver with po	rtal hyper	tensio	on, cause	X□ YES 2 □	NO NO	OF DEATH?		
Σ	didetermined							N☐ YES 2 ☐ NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28. PL	ACE OF DEATH (Check o	nly one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpat		IER:	5 Residence 6					
PH	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJL WOF	JRY AT 28d	DESCRIBE HOW INJU	URY OCCURED			
BY	1 X Natural 5 Pending 2 Accident Investigation				ES 2 NO					
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Specif)	– At home, farm, street, y)	factory, offica	281.	LOCATION (Street end City or Town, State)	Number or Rura	l Route Number,		
COMPLETED	290. CERTIFIER 1 K CERTIFYINO PHYSIC									
MP	(Check only	CIAN: To the best of my knowled R: On the basis of examination	dge, death occurred at it	he time, dete	end piece, end due to the	e cause(e) end manne	r ee stated,			
	29b. SIGNATURE AND TITLE OF CERTIFIER		4	ny opimoti, de						
B	Inellian	- J. Duck	en, m	D.	29c. LICENSE NUMBER	2		ED (Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print)		D04964		12/8	/93		
	Dr. William J. Hi	cken, St. Aor	nes Hosnit	1 00	O Caton As	ve. Balri	la company	W-1 01000		
Î	31. DATE FILED (Month, Day 1697)	77: REGISTRALES SIGNAT	TURE		LALON A	nair	more,	ма. 21229		
	DEC 1 0 1993 9	inge meurdon-Man	tell.							

10052

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	lest birthday)	IF UNDER	1 YEAR	IF UNDER 24 HR	7. DAT	E OF BIRTH		6. BIRTHPI	ACE (State or Foreign
	200-20-2355	1 M 2 F	72	YRS.	MONTHS	DAYS	HOURS MIN	OC:	C. 10,	1921	PEN.	NSYLVANIA
	Sa. FACILITY NAME (If not institution, give	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
BC	1333 HERIKMER ST	REET			B	ALTI	MORE					
5	RESIDENCE OF DECEDENT									_		
DIRECTOR	MARYLAND 106. COUNT	Y		10c. CIT	ry, town (IMORE				1	Od. INSIDE CITY LIMITS? YES 2 NO
AL	10e. STREET AND NUMBER 10f. ZIP CODE 10g.											AT COUNTRY?
E	1333 HERIKMER STR	EET					2122	23		100	U.	S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ARMED	If yes, specify Cuban, Mexican, Puerto Rican, etc.)					Black, Specify:	- American Indian, White, stc.			
	15. DECEDENT'S EDU (Specify only highest grad	JCATION completed)	16a.	DECEDENT'S			ON ost of working	16	b. KIND OF BI	JSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) HIGH SCHOOL	College (1-4 or 5		Ille. Do NOT u	se retired.)		GUARD		BALTI	MORE	CITY	
	17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Malden Surneme) JOHN GUFFREY MARY LECORCHICK											
BE	19a. INFORMANT'S NAME (Type/Print)			19b, MAILING	ADDRESS	S (Street s	and Number or Ru			vn. Stem 74	Code1	
5	MARGIE NOGUEIRA (DAUGHTER	.)				RT - G					
	20s. METHOD OF DISPOSITION 10 Burlel 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	novel from State	20b.PLA cametery GLE	CEAND DATE cremetory or C HAVE	of Dispos other place MEM	ORIA	ame of L PARK	DA			RNIE,	
	23. PART I. Enter tha diseasea, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only Dna ca	at caused the use on each	line.	41 not enter	07 W		AVEN	UE-BAL	TILMO		Approximata interval Between Onset and De 3 mm/h
CERTIFICATION	Sequentially list conditions, if eny, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CON									
MEDICAL	PART II. Other algnificant condition	na contributing to	death but n	ot reaulting	in the ur	nderlyln	g cause given	in Part I.	24a, WAS A PERFO 1 YES	RMED?	8	YERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						LACE OF DEATH	Check only	one)			
	1 TES 2 NO	HOSPITAL:	ER/Outpation	3 🗆 DOA	4 Nur		no 5 Residen	00 6 🗆 Ott	ner (Specify)			
Y PHYSI	27. MANNER OF DEATH 28e. DATE OF INJURY 1 Netural 8 Pending 28e. DATE OF INJURY (Month, Dey, Year) 28e. INJURY AT WORK? 1 Netural 8 Pending								CURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building	OF INJURY — A	t home, farm,	street, fact	tory, offic	•	261. LO	CATION (Street y or Town, State	and Number	r or Rural Roo	ute Number,
COMPLETED		IICIAN: To the best of										and menner as stated
1	29b. SIGNATURE AND TITLE OF CERTIFIE				_		The second of	NUMBER		1		Aonth, Day, Year)

YVONNE OTTAVIANO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

DOROTHY G. STUPI

DHMH-16 Rev 1/89

36002

1:50 P M

> > Approximata Interval Between Onset and Death 3 months

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

AGNES ONCOLOGY DEPT-900 CATON AVE-BALTIMORE, MD. 21229

REG. NO.

07,

1993

2. DATE OF DEATH MONTH

DEC.

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Pages 1, 2, 3 should

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DIRECTOR

FUNERAL

BY

COMPLETED

BE notified page 5 should

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injury, or other traumatic CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

믬 2 25. WAS CASE REFERRED TO MEDICAL

1 Natural 8 Pending

HHEV 13993

HOSPITAL:

1 Inpatient 2 ER/Outpatient 3 DOA

28a. DATE OF INJURY (Month, Day, Year)

EXAMINER

1 YES 2 NO

27. MANNED OF DEATH

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5	Date	Pa o	geu
	2	Clan or to	une
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a commitment of the first formal properties.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely little in by the funeral direction be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely limit in by the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal	H

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 0 Scherr 115 December .00 6. AGE (In yrs. lest birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) IF UNDER I YEAR IF UNDER 24 HRS. 216097602 8 5/22/ Se. FACILITY NAME (If not institution, give street 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN BALTIMORE SINAI HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY 18c. CITY, TOWN OR LOCATION BALTIMORE MARYLAND 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21208 3410 HATTON ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: I Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) FOOD **GROCER** 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) RACHEL FINE SAMUEL SCHERR 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Floute Number, City or Town, State, Zip Code) 3410 HATTON ROAD BALTIMORE, MD 21208 MRS DOROTHY SCHERR 20s. METHOD OF DISPOSITION
1 M Burlel 2 Cremation 3 Removal from State
4 Proposition 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, Sista 12-7-93 BALTIMORE, MD ARLINGTON —CHIZUK AMUNO 21. SIGNATURE OF RUNERAL SERVICE LÉCENSES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215 23. PART I Enter the diedeses, or complications that ceused the de-shock, or heart failure. List only one cause on each line. ations that coused the death. Do not enter the mode of dying, such ee cerdiec or respiratory erreat, IMMEDIATE CAUSE (Final disease or condition Hemorrhanic CVA
DUE TO (OR AS A SONSEQUENCE OF): resulting in death)

Sequantially list conditions, fany, leading to immediate cause. Enter UNDERLYING	T .	DUE TO (OR AS A CONSEQUENCE OF):		Lmonths
CAUSE (Disease or Injury hat initiated events esuiting in death) LAST	d	DUE TO (OR AS A CONSEQUENCE OF):	Likin	
PART II. Other eignificant cond	litione cont	ributing to deeth but not resulting in the underlying cause given in Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

OTHER:

28c. INJURY AT WORK?

1 YES 2 NO

4 - Nu

28b. TIME OF

26. PLACE OF OEATN (Check only one)

me 8 🗆 Residence 6 🗆 Other (Specify)

28d. DESCRIBE HOW INJURY OCCURED

3 Suicide 8 Could not be determined	26a. PLACE OF INJURY — Al home, farm, street, factory building, atc. (Specify)		CATION (Street and Number or Rural Route Number, or Town, State)
onel	N: To the best of my knowledge, death occurred at the time in the basis of axamination and/or investigation, in my opin		suse(a) and manner as stated, a and place, and dua io like cause(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	9	29c. LICENSE NUMBER	29d, DATE SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)		
SINXI H	OSPITAL of Baltimo	ore	
31. DATE FILED (Month, Day, Year)	32. registraris signature		

36003

8:55 PH

3. TIME OF DEATN

10d. INSIDE CITY LIMITS?

14. RACE — American Indian, Black, White, atc.

Specify:

1 XYES 2 NO

WHITE

Approximate Interval Betwe

5

1 YES 2 NO

Onset and Death

8. BIRTNPLACE (State or Foreign COUNTY) SSIA

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SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be not considered to use as the burial-transit permit. Pages 1, 2, 3 should be considered to the state Deat of Health and Memai Horiene order to burial, cremation, or removal	1870 History Of Lamendard and Storm Co. American and Indian American Americ
TENO	TOR: /	90
OR AT	DIREC	
PITAL	RAL	1 1 1
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36004 93 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH DAY YEAR DEC. 4, 1993 **EVELYN** H. SAMLER 12:05 A 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign Country) WEST VIRGINIA 89 1 M 2 X F YRS. FEB. 18, 1904 P 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE 6711 PARK HEIGHTS AVE, APT. 105 RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION BALTIMORE 10e. STATE 10h. COUNTY 10d. INSIDE CITY MARYLAND 1 YES 2 NO FUNERAL 10e STREET AND NUMBER 101. ZIP CODE 21215 10g. CITIZEN OF WHAT COUNTRY? 6711 PARK HEIGHTS AVE, APT. 105 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Maxicon, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES Specify: WHITE BY 3 Wildowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8+) HOUSEWIFE AT HOME 17. FATHER'S NAME (First, Middle, Last) 18, MOTHER'S NAME (First, Middle, Meiden Surname)
E'LORENCE SIMON HELLER BERNARD BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 7 ST PAUL ST. BALTIMORE, MD 21202 MAX BLUMENTHAL 20a. METHOD OF DISPOSITION
1 Dixeriol 2 □ Cremetion 3 XiXinemoval from State 20b. PLACE AND DATE OF DISPOSITION / Name of 20c. LOCATION - City or Town, State DATE 4 Donation 6 Other (Specify) WOODLAWN 12 - 7 - 93BRONX, NEW YORK 21. SIGNATURE OF FUNERAL BERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23. PART/I. Enter the diseases, or/complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximate shock/or heart fellure. List only one cause on sech line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disesse or condition ackbasonof hinen - 1, we failure 2 mos resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Primary Diliava CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PERFORMED? COMPLETION OF CAUSE 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 YES 2 HO Inpatient 2 - ER/Outpatient 3 - DOA 4 ☐ Nursing Home Residence 6 ☐ Other (Specify) 27. MANNEB OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 3 Sulcide 261. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER

(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end piece, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner se stated. TO THE HOSP
TO THE FUNEI
De filed within 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D 4/93 moun 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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31. DATE FILEO (Month, Day, Year,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

36005 93

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE O			YEAR 3.	TIME OF DEATH
	Naomi H. S						MONTH (2-				7:30 A M			
	4. SOCIAL SECURITY NUM	-	5. SEX	6. AGE (in yrs. les	t birthday)	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	FBIRTH		73	ACE (State or Foreign
	220-07-138	75	YRS.	MONTHS	DAYS	HOURS	MIN.	06/1	Day, Year)		Country)			
	Sa. FACILITY NAME (If not if		1 M 2 F	13		at OIT	TOMAN .	OR LOCATI	011.05.01	-	1/ 10	9c. COUNT		RYLAND
œ									ON OF DI	EAIR				
2	Stella Mari		olce			10/	wson					Dali	imor	е
DIRECTOR	10a. STATE	10b, COUNT	Υ		10c. CIT	Y, TOWN	OR LOCA	TION					10	d. INSIDE CITY
뜻	MARYLAND	BALTI	MORE		B	ALTI	MORE							LIMITS?
	10e, STREET AND NUMBER						10	f. ZIP COD	F			10a CITIZE		T COUNTRY?
FUNERAL	25 STONEH	ENGE C	TRCLE	APT.5			"	2120	Π				SA	
2	11. MARITAL STATUS	121013 0		NT EVER IN U.S. AR	MED	- 40	****			NIC ORIGIN?				
리	1 Never Married 2	Married	FORCES?	YES 2 X			If yes, sp	ecify Cubi	in, Maxics	an, Puerto Ric		or No-	Black, W	American Indian, hita, atc.
à a	3 Widowed 4 Dive	proed	IF YES, GIVE Y	MAR OR DATES			1 TYES	2 × NO	Specif	y:			Specify:	WHITE
	15. DEC	EDENT'S EDU	CATION	16a, DE	CEDENT'S	USUAL O	CCUPATI	ON		16b B	UND OF BUS	INESS/INDIA	RTRY	AALITTIO
	(Specify online Elementary/Secondary (I	y highest grade		(G	ive kind of	work done se retired.)	during mo	est of working	ng		UND 01 000			
군	1.2	0-12)	College (1-4 or 5	+)	TT					77	N			
COMPLETED	17. FATHER'S NAME (First, A	fiddle, Last)				ewif	<u>e</u>	18 MOT	HED'S NA	ME (First, Mic	At H		-	
	7			11-66						1			G	2
BE	JOSEPH 194, INFORMANT'S NAME (Type/Print)		Hoffma		ADDRES	S (Street)		Jenr	11.e Route Number	e City or Town			elson
일	7.7.0	0 7:												1 01000
	20a. METHOD OF DISPOSIT			20b. PLACE					e Dr	BATE		ATION - CH		1 21209
	1 Donation 5 Other	on 3 🗆 Rem	oval from State	cemetery, cre	matory or o	other place)		3779 01	-					
- 1	21. SIGNATURE OF FUNERA		CENSEE A	Anshe	Mei		NAME A	ND ADDRE	SS OF FA	2-6-9	S RO		e, MI)
	. //	61	1.							& BRC		NC.		
	you!	May	Xem	2						OWN R				21215
	23. PART / Enter the d	iseasea, or o	complications the	at caused the da	ath. Do	not enter	r the mo	de of dy	Ing, auc	ch aa cardle	c or reapli	retory arres	nt,	Approximata Interval Between
1	IMMEDIATE CAUSE (Fig		and only one ou	270 011 44011 11114										Onset and Death
]	disease or condition resulting in death)	\rightarrow	Cance	r of pan	crea	S								
Ì			DUE TO	(OR AS A CONSE	QUENCE O	F):								
Z	Consumation that are dist		b											
CERTIFICATION	Sequentially list condit if any, leading to imme	dista	DUE TO	(OR AS A CONSE	QUENCE O	HF):								
2	cause. Enter UNDERLY CAUSE (Disease or inju		с											
	that initiated events resulting in death) LAS	T.	DUE TO	OR AS A CONSE	QUENCE O	HF):								
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- 11	PART II. Other eignifica	ant condition	e contributing to	daath but not r	reaulting	In the u	ndariyin	g cause	given in	Part I. 2	24a. WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS
S S											PERFOR			AILABLE PRIOR TO DMPLETION OF CAUSE
										_	1 TYES 2	Mo		DEATH?
Σ										_			1 ''	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED 1	O MEDICAL					20 7	ACE OF O	EATH O	neck only one)			1	
2	EXAMINER?	- masteria	HOSPITAL:	Court .		OTHE	A:					Iloan:	~~	
¥ I	27. MANNER OF DEATH		26a. DATE O	ER/Outpatient 3	28b. TIN		_		sidence	6 M Other		Hospi		
		Pending		Day, Year)		JURY M	WC	DRK?	T NO	28d. DESC	RIBE HOW IN	IJURY OCCU	RED	
ል	2 Accident	Investigation	200 84 405 /	DE IN HIRW AA NA				YES 2	NO		*****		-	
	3 Suicide 6 1	Could not be determined	building	OF INJURY — At ho , etc. (Specify)	me, term,	street, fac	tory, offic			281. LOCAT	TION (Street a. Town, State)	nd Number or	r Runal Rout	e Number,
	2-1-1-1-1-1							_						
로비	(Check only one)	TIFYING PHYS	CIAN: To the best o	f my knowledge, de	ath occun	red at the	time, data	and place	, and due	to the cause	e(s) and man	ner as stated	1.	10
COMPLETED	2 MED	ICAL EXAMINE	R: On the besis of a	examination and/or	Investigati	on, in my	opinion, d	death occu	red at the	time, data a	nd place, and	d due to the	cause(a) ar	nd manner as stated,
BE	295 SIGNATURE AND TITLE	OF CERTIFIE	B _						ENSE NU			29d. DATE !	SIGNED (M	onth, Day, Year)
0	Tendas	22 E	Tou	llace	m	D		D2	5643	3	-	113	16/	93
=	30. NAME AND ADDRESS O				2111	,				12.5		,		
	Kendall R.	Faulk	ner, M.D	., 2300	Dula	ney	Vall	ey R	coad,	Tows	on, M	aryla	nd 2	21204
	31. DATE FILED (Month, Day,	Year)	32 REGISTR	AR'S SIGNATURE										
	DEC 1	0 1993	guie	Kuidson-A	andel	2		- 2						

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)					P DEATH	PEATH REG. NO. 2. DATE OF DEATH DAY YEAR 3.1					
18	MICHAEL 4. SOCIAL SECURITY NUMBER	D.		AYLO			12 05	1993	5	:55 P		
1	219-38-0931	5. SEX	6. AGE (In yrs. in 51	st birthday) YRS.	MONTHS DAY	S HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-22-43		BIRTHPLI Country)	ACE (State or Foreign		
DIRECTOR	958 N. CHAPEL ST				BALT	N OR LOCATION OF D	EATH	9c. COUNT	TY OF DEAT	Ή		
	10a. STATE 10b. COUNT	Υ			LTIMOF				10	d. INSIDE CITY , LIMITS?		
AL	10e. STREET AND NUMBER					10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL	414 N. COLLINGTO					2123	1		USA	MUNI		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 4-9-64	T EVER IN U.S. AF YES 2 D WAR OR DATES 4-10-62	RMED NO	If yes		NIC ORIGIN? (Specify an, Puerto Rican, atc.) fy:	Yes or No-	Starty:A	American Indian, /hite, atc.		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION ocompleted) College (1-4 or 5	(0	ECEDENT'S Give kind of w	retired.)	ATION most of working	16b. KIND OF I	BUSINESS/INOU	STRY	552		
BE COM	17. FATHER'S NAME (First, Middle, Lest) SAMUEL P. TAYLOR 18. MOTHER'S NAME (First, Middle, Melden Surnem VIRGINIA SHORT											
TO B	19a. INFORMANT'S NAME (Type/Print) LARRY TAYLOR 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1526 WINFORD RD. BALTIMORE, MD. 21239											
	206. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 206. PLACE AND DATE OF DISPOSITION (Name of 12/10) 207. PLACE AND DATE OF DISPOSITION (Name of 12/10) 208. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from State 209. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DISPOSITION (Name of 12/10) 200. PLACE AND DATE OF DAT											
-	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY WILLIAM C. BROWN COMM. FUNERAL H 1206 W NORTH AVE RALTIMORE N											
	23. PART I. Enter the diseases, or shock, or heart fellure.	ch as cardisc or re	spiratory arre	st,	21217 Approximate Interval Between Onset and Deat							
	IMMEDIATE CAUSE (Final disease or condition resulting in dasth)		OCAINE AND			XICATION				Onset and Deat		
ALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	DUE TO (OR AS A CONSEQUENCE OF):									
ERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	AUSE (Disease or Injury c. DUE TO (OR AS A CONSEQUENCE Initiated events										
ICAL CE	PART II. Other significant condition CHRONIC ALCOHOLISM	na contributing to	death but not	reaulting i	n the underi	ying cause given in	PER	AN AUTOPSY FORMED?	AM CC	ERE AUTOPSY FINDINGS AILABLE PRIOR TO DMPLETION OF CAUSE		
: ME								2 110		OEATH?		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 XYES 2 NO	EXAMINER? HOSPITAL:										
	27. MANNER OF DEATH 1 Netural 5 Sending Investigation	FUUNU 5:30	OF 26c.	INJURY AT WORK? YES 2 XNO	28d. DESCRIBE HO	W INJURY OCCU	JRED					
BY PHYSICIAN: MEDICAL		2-5-93		treet, factory, o	Mine	281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 958 N. CHAPEL STREET BALTIMORE, MARYLAND						

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be seen within 72 hours with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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O.C.M.E

29d. DATE SIGNEO (Month, Day, Year)

▶ 12-06-1993

MARYARM

111 Penn Street, Baltimore, Maryland

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BALTIMORE, MARYLAND 21215-0020

STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

BOX 68760 DIVISION OF VITAL RECORDS, P.O.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Eddie J. Taylor 12 1993 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS 69 237-38-0477 1 M 2 F permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and numbe 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 941 W. Lexington Street Balto RESIDENCE OF DECEDENT 10a. STATE 18c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY YES 2 NO BALTO MD FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? SA funeral director, page 5 should be detached for use as the bunial-transit 21223 11. MARITAL STATUS I.EXINGTON ST retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 3 Widowed 4 Divorced 1 YES 2X NO Specify: Specify: Black BΥ COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) FRANCIS CONSTRUCTION CARPENTER 12TH once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname PHILLIPS BEATRICE JAMES TAYLOR BE notified 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 2 1315 E. MADISON WILLIE TAYLOR 2 pe 20a. METHOD OF DISPOSITION

S Burlal 2 Cremation 3 Ramoval from State

Onnexión 5 Other (Specify) Раде 6 тау 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must ZION /93 LANSDOWNE, MD CEMETERY 12/11 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ours after death. March F/H West filled in by the fi 4300 Wabash Avenue medical 23. PARTYL Enter the diseases, or complications that caused the leath. Do not enter the mode of dying, such ea cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each interval Between cremation, or iMMEDIATE CAUSE (Final disease or condition resulting in death) Onset and Death the completely ON 1 event, DUE TO (OR AS A CONSEQUENCE OF): to bunial, executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a ental Hygiene prior to If any, leading to immediate cause. Enter UNDERLYING that the death certificate be CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 the atten injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL theen signed by the pt. of Health and N AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 TYES 2 NO PHYSICIAN: ME has b 23 25. WAS CASE REFERRED TO MEDICAL HOSPITAL OR ATTENDING PHYSICIAN: The I 28. PLACE OF DEATH (Check only one) certificate h Item EXAMINER? HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 8 Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, 1 Natural 1 YES 2 NO BY After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 60 8 Could not be COMPLETED DIRECTOR: A 28 4 Homicide 29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNERAL Within 72 h = TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II MEDICAL EXAMINER: On the heele 295. SIGNATURE AND TITLE OF CENTIFIER BE 0 30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-18 Rev 1/89

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REG. NO.

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TENDING PHYSICIAN: THE TAW REQUIRES THAT THE DESIGN CENTILIZED BY EXCLUDED WHITE A STIEF DESIGN DESIGN OF THE PROSPICE OF	TOR: After this cenficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	28 is marked, 🌶 item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	I
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	FOR	STATE OF N	IARYLAND /	DEPAR	TMENT	OF H	EALTH	AND N	MENTAL		E 9	3	36008
_	REGISTRAR		ÇE	:KIIF	ICATE	: OF	DEAL	H		REG. NO.		Т.,	
,	1. DECEDENT'S NAME (First, Middle, Last)	CHON							MONTE			AR	TIME OF DEATH
	MARY JANE THUR								DEC		1		10:40 A. M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	YRS.	IF UNDER	DAYS	HOURS	MIN.	(Month	OF BIRTH		Country)	CE (Stare or Foreign
	220-48-4125	1 M 2 KF	99	THS.					OCT	8,18			ALL, VA.
	9s. FACILITY NAME (If not institution, give str	eet and number)					R LOCATIO		ATH		9c. COUNTY		
PO I	FREDERICK VILLA N	URSING H	OME		C.F	ATONS	SVILI	JΕ				BALT	IMORE
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION					100	I. INSIDE CITY
E	MD BALTI	MORE				TD A T	LTIMO	ים מני				11	LIMITS?
	10e, STREET AND NUMBER	TORE					ZIP CODE				10a, CITIZEN		
FUNERAL	2016 SULPHUR SPRI	NC DOAD				1							
빌	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN II S ADI	MED	111	WAS DEC	212		IIC OBIGIN	I? (Specify Yes		S.A	American Indian,
	1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2V N	10	-	If yes, spe	cify Cube	n, Mexical	n, Puerto I	Rican, atc.)		Black, Wi Specify:	hills, atc.
B	3 X Widowed 4 Divorced	IF YES, GIVE W	AH OH DATES			I 🗌 YES	2X NO	Speciny	';			<i>Specify</i> :	WHITE
<u>a</u>	15. DECEDENT'S EDUC	ATION	18s. DE	CEDENT'S	USUAL O	CCUPATIO	ON		16b	. KIND OF BUS	INESS/INDUST	'RY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(GI	Do NOT u	work done se retired.)	auring mo	st or workin	9					
릴	6TH GRADE		HO	OMEM	AKER					H	OMEMAK	ING	
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)						18. MOTI	IER'S NAI	ME (First, i	Middle, Maiden	Surname)		
BE C	HENRY F. McALISTE	R							F	ANNIE .	JANE (UNKN	OWN)
	19s. INFORMANT'S NAME (Type/Print)		198								n, State, Zip Co		
2	JOHN ANDERSON FU	NERAL HO	ME	P.0	. BOX	10	, ST.	GE(ORGE	AVE-C	ROZET,	VA.	22932
	20s. METHOD OF DISPOSITION	wal from State	20b. PLACE other ple		SITION (N	ame of cen	netery, cren	natory or		20c. LO	CATION — City	or Town,	State
	1∑ Burial 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Spelly)		MT.MOI	RIAH						WH	TEHAL.	L, V	Α.
	21. SUSHATURE OF FUNERAL SERVICE LIC	ENSEE	10	4			D ADDRE			OME IN	0		
	1 seces		108	1							C. CIMORE	M	21229
	23. PART I. Enter the disease, or o	omplications the	t coused the de	eth. Do	not enter	the mo	de of dy	ing, auc	h ea cen	diec or reap	ratory arreal		Approximate
	shock, or heart fellure.	List only one cau	ise on each line	h.									Onset and Death
	disease or condition resulting in deeth)	Meter	1 m. 1	me or	ne -								
	resulting in deeth)	DUE TO	(OR AS A CONSE	DUENCE (OF):								
z	Commenter that are distance.	o											
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate	DUE TO	(OR AS A CONSEC	DUENCE (OF):								
δ	cause. Enter UNDERLYING CAUSE (Disease or injury	D											
ᄩ	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSE	OUENCE (OF):								
E	Tooding in door, Exo	d											
7	PART II. Other significent condition	e contributing to	deeth but not r	resulting	in the u	nderlyin	g ceuse	given in	Part i.	24a. WAS AN			RE AUTOPSY FINDINGS
EDICAL										PERFO		CC	AILABLE PRIOR TO IMPLETION OF CAUSE
8													DEATH?
Σ													
AN	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF D	EATH (Ch	eck only o	ne)			
SICIAN:	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHE		s 5 □ 8	ealdence	8 □ Oth	er (Specify)			
Ŧ	27. MANNER OF DEATH	26s. DATE O	INJURY	26b. TI	ME OF	28c. IN.	URY AT		_		INJURY OCCU	RED	
<u>۸</u>	Natural 5 Pending Investigation	(Month, I	Jay, Year)		JURY M		ORK? YES 2 [_ NO					
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE (OF INJURY — At he	ome, farm	atreet, fac	tory, offic	:0		26f. LO	CATION (Street or Town, State	and Number or	Rural Rout	e Number,
TED	4 Homicide datsrmined	bunding	www. (Specify)						Un)	or lown, state	,		
PLET	29s. CERTIFIER	CIAN: To the best o	f my knowledge, de	ath occu	rred at the	time, date	and place	, and dus	to the co	suse(s) and me	nner as stated.		
Σ	(Check only one) 2 MEDICAL EXAMINE												nd menner as stated.
8	29b. SIGNATURE AND TITLE OF CERTIFIE	1/100					29c. LIC	ENSE NU	MBER		29d, DATE S	IGNED (M	onth, Day, Year)
BE	70	W					D	234	48		12	-6-	93
임		O COMPLETED CAL						10					1

JAMS - 516 N. ROLLING ROAD - CATONSVILLE.

July June 1921

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KENNETH WILLIAMS

DEC 1 0 1993

21228

MD

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examiner must be notified at once.	IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for
r death. Page 6 may be retained by the hospital	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital in

	1 - FOR STATE REGISTRAR		CE	ERTIF	ICATE	OF	DEATH	ID ME	NTAL HYGIEN		3	36009
	1. DECEDENT'S NAME (First, Middle, Last, Edward J.	EDWARD JO Wojciecho		OJCI	ECHO	WSKI		2	DATE OF DEATH DATE OF DEATH DEATH DEATH	993	YEAR 3.	TIME OF DEATN 0017 M
	4. SOCIAL SECURITY NUMBER 217-38-0376	1 💢 M 2 🗆 F	. AGE (In yrs. les	t birthday) YRS.	#F UNDER	1 YEAR DAYS	IF UNDER 24 H		DATE OF BIRTH (Month, Day, Year) 0 2 - 2 1 - 1	942 M	Country)	ACE (State or Foreign AND
OR	9a. FACILITY NAME (If not institution, give North Arundel		L				Burni		1	9c. COUNT	A A	N
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MARYLAND AN	NE ARUNDEL			Y, TOWN C							d. INSIDE CITY
FUNERAL I	100. STREET AND NUMBER 235 SCOTTS MANOR	DRIVE				101	. ZIP CODE 2106	51				T COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENTE FORCES? 14 IF YES, GIVE WAR VIET NAM	YES 2 N	MED	1 1	I yes, sp	ENDENT OF NI scify Cuben, M. 2 X NO S	exicen, P	ORIGIN? (Specify Yes Puerto Rican, atc.)	or No 1	Black, W	American Indian, /hita, atc. NHITE
COMPLETED	18. DECEOENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 1 2 YEARS	UCATION fe completed) College (1-4 or 5+) 5	(Gi	ve kind of Do NOT u	USUAL OF Work done of retired.)	during mo	st of working		JOHNS H			IVERSITY
BE COI	17. FATHER'S NAME (First, Middle, Last) WALTER	WOJCIECHO	DWSKI				18. MOTHER'S HELEN	S NAME	(First, Middle, Meiden MAR			
10	19a. INFORMANT'S NAME (Type/Print) LINDA L. WOJCIECI	HOWSKI	191						e Number, City or Tow E, GLEN E			. 21061
	20a. METHOD OF DISPOSITION **Durial 2 Cremation 3 Ref Dunation 1 Other (Specify)		20b. PLACE A		SLAU	S CE	METERY		12/9 BAI	CATION — CH LTIMOR		Stata ARYLAND
131500	21. SIGNATURE OF FUNERAL SERVICE L	3 CENSEE					OND AV		™ SINGLET S.W.,GLE			
	23. PART I. Enlarths disesses, or shock or heert failure IMMEDIATE CAUSE Y Inel disease or condition resulting in death.	Acute N	on eech line lyocar	dial	l Ar			such a	a cardlec or respi	ratory arres	ot,	Approximata interval Between Onset and Death
NO	Sequentielly list conditions,	Acute M		dial	In	far	ction					
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST	_ ASCVD	R AS A CONSEC									
_	PART II. Other algnificent condition	d	eath but not re	esulting	in the un	derivino	cause giver	n in Par	t I. 24n WASAN	ALITOPSY	24h WE	RE AUTOPSY FINDINGS
PHYSICIAN: MEDICA									PERFOR	MED?	CO OF	NILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
YSICI,	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER 4 Num	t:	S G Rasider		Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,		26b. TIM INJ	E OF URY M	28c. INJI WO 1 Y		-	d. DEŞCRIBE HOW II	NJURY OCCU	RED	
8	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF II building, atc	NJURY — At hor . (Specify)	ne, larm, i	streat, facto	ory, office	1	28	I. LOCATION (Street a City or Town, State)	and Number or	Rural Route	Number,
COMPLET	one) 2 MEDICAL EXAMIN	BICIAN: To the best of my ER: On the basis of sxam										d manner as stated.
TO BE	296. SIGNATURE AND TIPLE OF CENTURE	John	\mathcal{O}		uty		D O	054				-1993
		nes, M.D.	4837			ıs I	[sl. F	Rá.	Harwood			
	31. DATE FILED (Month, Day, Year) -	32. REGISTRAR'S	SIGNATURE									
		Q	Market	-								OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	HISTORY. The law mequires that the death certificate be sencuted within 24 froom after death. Page 6 may be retained by the intending physician. In certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the Saate Dept. of Health and Mental Hypiene targ, to burial, orientation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law inquires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene goog to burial, communion, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other trainingtic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 36010

	HEGIOTIAN			ENTIF	ICALL	_ 01	DEA	111		REG. NO.			
	1. DECEOENT'S NAME (First, Middle, Las	o ERT WALKE	D						2. DATE O	F DEATH D	NY.	YEAR	. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER									/2/93			M
	708-16-8551	5. SEX	8. AGE (In yrs. I	ast birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS.		Day, Year)	- 1	8. BIRTHPI Country)	LACE (State or Foreign
			93	YRS.						9/190			MD
œ	9e. FACILITY NAME (If not institution, give						OR LOCATI	ON OF D	EATH		9c, COUN	TY OF DEA	TH ·
2	MARINER HEALTH	CARE CEN	rek		В	ALTI	MORE					_	
DIRECTOR	10e. STATE 10b. COUN	TY		10c. CIT	Y, TOWN (OR LOCA	TION					- 1	Od. INSIDE CITY
8	MD				BAL'	ГІМО	RE						LIMITS?
	10e. STREET AND NUMBER						I. ZIP CODI	E			10a, CITIZ		AT COUNTRY?
BY FUNERAL	1101 LYNHURST	2TDFFT					2122	۵			0.00	S.A	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC			NIC ORIGIN?	Specify Ves	- T		- American Indian,
-	1 Never Married 2 Married	FORCES? 1	YES 2V	ND		If yes, sp	ecify Cubs	n, Maxica	en, Puerto Ric	an, etc.)	U	Black, 1	White, atc.
	3 Widowed 4 Divorced					1 1 162	Z LIMO	эрвин	у.			Specify:	. AMERICAN
COMPLETED	15. DECEDENT'S EC (Specify only highest gra		16a, C	ECEDENT'S	USUAL O	CCUPATIO	ON		16b. K	INO OF BUS	SINESS/INDU		
9	Elementary/Secondary (0-12)	College (1-4 or 5	- "	h. Do NOT us	e retired.)	doing me	at or workin	·v					
₹													
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mic				
BE	JEROME WALKER								ARET	WAL			
6	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	(Street a	and Number	or Aural	Route Number	City or Town	n, State, Zip (Code)	
	GRACE WALKER			1101	PANHI	JRST	ST.	BAL	TIMOR	E MD	21229		
	20a. METHOD OF DISPOSITION 1 Burlai 2 Cremetion 3 Re	moval fees State		AND DATE (DATE	T 0.000 (1)	CATION - C		, State
i i	4 Donation 5 Other	< _ /	WOON	MAZTE MAKE					/1993	В	ALTO.	MD	
A	21. SIGNATURE OF TONERAL SERVICE I	JCENSEE /	XII		12	NAME AF	P RR	THE	RS FUI	JEDAT.	HOME	D A	
	Marin	11 516	DG)	1					LACE 1				
	23. PART 1. Entgettle diseases, or	complications that	t caused the d	leath. Do n	ot enter	the mo	de of dyi	ng, suci	h as cardia	or respir	atory arre	et.	Approximate
Y	Shock, or heart failure IMMEDIATE CAUSE (Final	. List only one cau	se on each lin	4									Interval Between
Щ	disease or condition	//	/	00	-1		Fa		re				Onset and Death
1	refulting in death)	DUE TO	(OF AS A CONS	EQUENCE OF	7: 40	1		10	100				- AZ- (2)
41	0					1							i
흔	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	EQUENCE OF	9/								
CERTIFICATION	CAUSE (Disease or Injury												
區	that initiated events	DUE TO	OR AS A CONSE	QUENCE OF	9:								
E	resulting in death) LAST	d.											
	PART II. Other significant condition	ons contribution to	doubt hest mot			4-4-1-						_	II.
EDICAL	Profit in Guiles agrinicani conditio	nie contributing to	death out not	resulting i	n the un	derlying) cause g	ilven in	Part I. 2	PERFOR		A	ERE AUTOPSY FINDINGS WILLABLE PRIOR TO
ă									- 9	YES 2	XNO.		OMPLETION OF CAUSE F DEATHT
≥												1	☐ YES 2 ☐ NO
ž I		_											
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	amona a more de		QTHER		ACE OF DE	ATH (Ch	mok anly arms)				
ž.	T THE THE NO	1 Inpatient 2		_	4/C More		e 5 ☐ Rec	eldence	6 🗆 Other (S	pecify)	*****		
₹	17. MANNER OF DEATH 1 Metural 5 Pending	28s. DATE OF (Moven, De		20b, TIME			RICT		294, DESCR	IBE HOW IN	HUMA OCCIN	MED	
à	2 Accident Investigation	0			м.	10000	res 2	NO					
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE Of building.	F INJURY — At h etc. (Specify)	ome, farm, s	treet, facto	ory, affice			28f. LOCATI City or 7	OW (Street as Dwin, Statu)	nd Number o	r Hunt Rout	le-Mumber;
E									COLLEGE	A-3-0-0-5C A.I.			
COMPLETED	Check only 1 CERTIFYING PHY	SICIAN: To the best of	my knowledge, d	eath occurre	d at the ti	me, data	and place,	and dua	to the cause	a) and man	ner as atatec	d.	
8	2 MEDICAL EXAMIN												nd manner as stated.
	SIGNATURE AND TITLE OF CERTIFI	EH					29c. LICE	NSE NUN	1BER		29d. DATE	SIGNED /M	onth, Day, Year)
H	Much	l_	m				D	38	675	-	D 12	8 1-2	(97
오	10. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type,	Print)			-	011			10	1 1
	SOLL M	ESILVIAN	1 116	17 9		-14	UEN		57	RA.	- Me	2 7	(230
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	1 /	Y /4	NO	061,		71	17/6	1 1	- 6-	16 36
	DEC 1 0 199	3 Julie	4.	0. 1.4	•								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	1	8	#ei	00
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely f	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematio	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, th

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 I	The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
DIRECTOR: After this certificate has been signed by the attending physician and completely fifled in by the fi hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be one on safer death with the State Dept. of Health and Mental Hydieve prior to burial, cremation, or removal.
item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

93 36011 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR ANNA G. YINGLING 10, 4:00 A. DEC 1993 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 F 217-22-4890 83 JULY 29,1910 MARYLAND sa, FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1226 MAIDEN CHOICE LANE DIRECTOR #21229 BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? IN TIP CODE U.S.A. 21229 1226 maiden choice lane 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 14. RACE — American Indian, if yes, specify Cuban, Maxican, Puerto Rican, etc.)

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No- 14. RACE — American Indian, if yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. MARITAL STATUS 1 Never Married 2 Married Specify: WHITE 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 8 +) HOMEMAKING HOMEMAKER 6th GRADE 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) EDNA WOERNER CHARLES REED BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1226 MAIDEN CHOICE LANE - BALTIMORE, MD. 21229 EDNA PATRICIA SHEUBROOKS 20a. METHOD OF DISPOSITION
11© Burlai 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata DATE LOUDON PARK CEMETERY 12/13 BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE MD 21229 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximete shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** diseese or condition a. multestroke desease
DUE TO (OR AS A CONSEQUENCE OF): 10 mos resulting in death) a arteriorelarofe carolin CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If eny, leeding to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reculting in death) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL artoriosclarofic carde or see colon 1 YES 2 70 OF DEATH? unth atrini folinelation 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 ☑ Residence 8 □ Other (Specify) 1 YES 2 THO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 84 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be detarmined ED 4 Homicide COMPLET 29s. CERTIFIER 1 DERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE 51GNED (Month, Day, Year) BE wrence parto 1786 DO 12-10-93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF BEATH (ITEM 27) (Type, Print)

GALLAGER - 3455 WILKENS AVENUE - SUITE 300 - BALTO.., MD 21229

DR. LAURENCE R.

Julia Burdon Rondall

DEC 1. 0 1993

the property of the

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MAI	RYLAND /	DEPAR	RTMENT OF H	IEALTH AND	MEN	TAL HYGIEN		93	36012	
	1. DECEDENT'S NAME (First, Middle, Last) MARGARET				NDREU		2. D.	ATE OF DEATH	AY	YEAR 93	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-10-1490	1 🗆 M 2 🔀 F	AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. D/ Ap	ATE OF BIRTH		8. BIRTH Country	PLACE (State or Foreign	
TOR	94. FACILITY NAME (If not institution, give st Clearview Nursing RESIDENCE OF DECEDENT			9b. CITY, TOWN OR LOCATION OF DE Hagers town							of DEATH lington	
DIRECTOR	10e. STATE 10b. COUNTY	ington	-		y, town on Local						10d. INSIDE CITY LIMITS? 1 YES 2 NO	
FUNERAL	1044 Georgia Aver		101	ZIP CODE	7 40				HAT COUNTRY?			
ВҰ	11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	YES 2 NO.S. ARI	WED O	It yes, sp	ENDENT OF HISP ecity Cuben, Mexi 2 NO Spec	can, Pue	IGIN? (Specify Year rto Rican, atc.)	or No—	14. RACE Black Specif	- American Indian, White, etc.		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12) 8 Years	CATION completed) College (1-4 or 5+)	(Gh	ve kind of v Do NOT us	USUAL OCCUPATION Work done during mose retired.)	ON st of working		16b. KIND OF BUS	SINESS/IND	USTRY		
	17. FATHER'S NAME (First, Middle, Last) George Rumpf			110	menaker	16. MOTHER'S N		st, Middle, Meiden				
TO BE	190. INFORMANT'S NAME (Type/Print) Robert L. Rumpf		196	MAILING	ADDRESS (Street a Potomac	nd Number or Rura	I Route N	lumber, City or Tow	n, State, Zip	code) irgir	nia 22101	
	20a. METHOD OF DISPOSITION 1X Burtel 2 Cremetton 3 Remo 4 Donetion 5 Other (Specify)				of disposition (Na Metplece) Ceme		11		deric		Maryland	
	21. SIGNATURE OF FUNGINAL SERVICE LICE	ENSEE C.B.	me	/ .	Geral	d N. Mi al Home	nnic				nac Street Maryland	
7	23. PART I. Enter the diseases, or conshock, or heart fellure. In IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause of	AS A CONSECU		thy			ardiec or respi	ratory arre	ect,	Approximate interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): C. OUB TO (OR AS A CONSEQUENCE OF): C. OUB TO (OR AS A CONSEQUENCE OF): C. OUB TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other algnificant conditions	contributing to dea	th but not re	sulting i	n the underlying	ceuse given le	Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	ACE OF DEATH (C						
- 10	27. MANNER OF DEATH 1 Natural 5 Pending	1 Impatiant 2 ER/ 28s. DATE OF INJU (Month, Day, Ye	RY	26b. TIME	URY WO	IRY AT	1	ther (Specify) DESCRIBE HOW IN	JURY OCC	URED		
TED BY	1 K Natural 5 Pending Investigation 2 Accident 1 Tyes 2 NO 1 Tyes 2 NO 2 See. PLACE OF INJURY — At home, tarm, street, fectory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, tarm, street, fectory, office City or Town, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)										ute Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINER	EAN: To the best of my k	nowledge, deal	th occurre	d at the time, date	and place, and du	e to the de	cause(e) end men	ner es state	d.	and menner ee stated.	
TO BE C	29b. SIGNATURE AND TIFLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Montp. Day, Year)											
	30. NAME AND ADDRESS OF PERSON WHO	ORPECE	11	27) (Type,	Profe	ssiond	e	1 Azg	ws)·	mp 2174	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S S	IGNATURE									

ITEM: 9c, PER MEO FILM G-707 1/12/94 t.t. ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-706 12/16/93 t.t

9	3	360	113

1. DECEDENT'S NAME (First, Middle, Last)							2. DATE O		DAY	YEAR	3. TIME OF DEATH	
	ester			AR	MIGE	ER		HONTH	2	gy.	93	12:32 P.	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr.	s. last birthday)	IF UNDER 1 1	_	IF UNDER 24 H	ts.	7. DATE O	F BIRTH Day, Year)		8. BIRTI	HPLACE (State or Foreign	
215 36 4777	1 GM 2 □ F	56	YRS.		January 21, 1987						B7 M		
Ba. FACILITY NAME (If not institution, give				96. CITY, TOWN OR LOCATION OF D								OF DEATH ST. MARY'S	
PATUXANT RIVER N	AVAL HOSP	ITAL		PATUXANT RIVER						CA	SVER	r COUNTY	
10a. STATE 10b. COUN	TY		10c. CIT	10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY	
Maryland Cal	vert		Lu	Lusby								LIMITS?	
10e. STREET AND NUMBER		-			10f, Z	ZIP CODE				10g. CIT	TIZEN OF	WHAT COUNTRY?	
12651 Rousby Hal	1 Road					2065	7				USA		
II. MARITAL STATUS I Never Married 2 Married B Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	DNO							e or No—		E — American Indian, k, White, atc.	
15. DECEDENT'S ED	16a	DECEDENT'S				_	16b.	KIND OF BU	JSINESS/IN	DUSTRY			
(Specify only highest gra Elementary/Secondary (0-12)	+)	Ille. Do NOT u		ring most	or working								
7	ainter					po	patin	g					
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER				n Surname)					
James M. Armiger				Lcvey									
19a. INFORMANT'S NAME (Type/Print)			ADDRESS (S		l Number or F	ural Ro	oute Numbe	r, City or To	wn, State, Zi	ip Code)			
Betty Ann Armige	r			ne as									
ROM. METHOD OF DISPOSITION	moval from State		ACE AND DATE		ION (Name		_	OATE		OCATION -		own, State . Maryland	
Burial 2 ☐ Cremation 3 ☐ Re					-	* I CI (4 4 43	FETOT	(A)	. IVIATVIANO			
Donation 6 Other (Specify)	ICENSEE		oury Ce	emeter	_			1.	J Da	13007	· cai	. Haryrana	
Donation 6 Other (Specify)	1			emeter	_	ADDRESS		ILITY				Home P.A.	
Donation 6 Other (Specify)	complications that List only one cau	t caused the	a death. Do	22. NA 44 not anter th	AME AND	Broomess of dying,	S I	Is. I	ausch Rd. P	Fune ort F	eral Repub	Home P.A. olic Maryla Approximate	
23. PART I. Enter the diseases, on whose for condition.	a. DROWNING DUE TO DUE TO	t caused the complication as a control of the complication as a control of the co	a death. Do	22. NA 44 not anter th	AME AND	Broomess of dying,	S I	Is. I	ausch Rd. P	Fune ort F	eral Repub	Home P.A. olic Maryla Approximata	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

11

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1	-	STATE REGISTR	AR
1	. Di	ECEDENT'S	NA

93 36014

- STATE REGISTRAR		01/112 01 1	THE LANGE	CERTIF	ICATE OF		REG. NO		00011
1. DECEDENT'S NAME (First,	Middle, Last)			02	IOAIL OI	DEMI	2. DATE OF DEATH		3. TIME OF DEATH
BOYER, The	lma Lu	cinda					11719/93	AY YEAR	2:35 AM M
4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		THPLACE (State or Foreign
219-12-201		1 🗆 M 2 😓 F	77	years	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 04/19/16		arvland
9a. FACILITY NAME (If not in		treet and number)		years	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	
Western Mas	ryland				Hagers	stown, Md	21742	Washing	ton
10e. STATE	10b. COUNT	1		10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
MARYLAND	,	WASHINGT	M		BOONSE	ROPO			LIMITS?
00. STREET AND NUMBER		WIDITING!	J. 1			H. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
9 FORD AVEN	TIE					21713		11	S.A.
1. MARITAL STATUS	011	12. WAS DECEDEN	IT EVER IN U	I.S. ARMED	13. WAS DE		IIC ORIGIN? (Specify Ya	or No 14. RA	CE - American Indian,
Never Married 2 X		FORCES?			If yes, s	pecify Cuban, Maxica S 2 X NO Specify	n, Puerto Rican, atc.)	Bir	ock, White, etc.
44 050	EDENTIS EDIT	OATION .		A- 0505051510	1101141 00011017			<u> </u>	WHITE
(Specify onl)	EDENT'S EDU y highest grade		, '		WORL OCCUPATI work done during m		166. KIND OF BU	SINESS/INDUSTRY	
Elementary/Secondary (0)-12)	Collage (1-4 or 5	+)			D		OUBT HOME	
				- I	HOMEMAKE	7		OWN HOME	
7. FATHER'S NAME (First, M	. ,						ME (First, Middle, Malden		
LONZIE F.							VIRGINIA		
9a. INFORMANT'S NAME (7							Route Number, City or Tox		
CARL W. BO							BORO, MARY		.713
0a. METHOD OF DISPOSIT	n 3 🗆 Ram	oval from Stata	0	other place)		emetery, crematory or		CATION - City or	
☐ Donalion 5 ☐ Other			MTI	VIEW	CEMETER			RPSBURG	MARYLAND
1. SIGNATURE OF FUNERA	IL SERVICE LI	CENTRE	Paul	M. Dear		NO ADDRESS OF FA	7606	Old Nat	ional Pike
Tout	11/18	Man					Boon	sboro, M	D 21713
disease or condition resulting in death) Sequentielly list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju.	ions	a Insil	in Def	endent	diabete	an Jaile on Melliter out fail	s, Genera	hised	<i>3</i> 1
that Initiated events resulting in deeth) LAS	т	a Regh	ive f	consequence of	Fi:	-			
		/							
PART II. Other significa	u/u	ne contributing to	death but	t not resulting	In the underlying	ng ceuse given in		RMED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED T	O MEDICAL	1				N AGE OF DEATH ON			
EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:	PLACE OF DEATH (Ch			
1 TYES 2 NO		1 N Inpatient 2				me 5 Residence			
	Pending Investigation	26a. DATE O (Month,	A Year)	26b. TIN	JURY W	YES 2 NO	28d. DEŞCRIBE HOW	N/A	
• 🗆 • • • • •	Could not be determined	28e. PLACE building	OF INJURY - , etc. (Specify	At home, farm,	street, factory, off	ice	26f. LOCATION (Street City or Town, State	and Number or Run	al Route Number,
							to the cause(s) and ma		e(a) and manner as stated.
29b. SIGNATURE AND TITLE	OF CENTIFIE	m	Mig) .	9.0	29c. LICENSE NU D3416		29d. DATE SIGN	ED (Month, Day, Year)
MOHAN			L /	ГН (ITEM 27) (Турн	a, Print)				
11. DATE FILED (Month, Day,	Year)	-02 REGISTR	AR'S SIGNAT	TURE					
MOU 0 0 10	03	In Serie	em-Ra	dul.					
11011 5 3 10	44	1 marchens	and there						

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. OATE FILED (Month, Day, Year)

6 1993

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32. REGISTRAR'S SIGNATURE

Sinden-Rendall

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR			CEF	RTIF	ICATE	E OF	DEAT	н		REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Last)										OF DEATH			3. TIME OF DEATH	_
		CHARD	_ B E	ACHL	_EY	5	SR.		NOVEMBER 23,			993	12:30 B	Pin	
		S. SEX		In yrs. last bi	irthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRT	THPLACE (State or Foreign	
	214-09-6800 ¹□X™²□F 94			34	YRS.			537702		FEBR	UARY 5	, 189		MARYLAND	
~	9a. FACILITY NAME (If not institution, give street and number)							OR LOCATION		EATH			NTY OF		
Ω	FAHRNEY-KEEDY	HUME					ROOI	NSBO	RU			M	IASE	IINGTON	
DIRECTOR	10a. STATE 10b. COUNTY	-		1	10c. CITY	r, TOWN C	OR LOCAT	ION						10d. INSIDE CITY	-
	MARYLAND WASH	INGTON			Н	AGE	RST	OWN						LIMITS?	
AL	10e. STREET AND NUMBER						10f	ZIP COD				10g. CIT	IZEN OF	WHAT COUNTRY?	_
FUNERAL	1052 HAMILTON B							217	42			U	J.S.	. A .	
F	11. MARITAL STATUS 1 Never Married 2 Merried	2. WAS DECEDENT FORCES? 1	EVER IN	U.S. ARMEI	D	13.	WAS OEC	ENDENT C	F HISPAN	IC ORIGI	N? (Specify Yes Rican, etc.)	or No-	14, RAI	CE — American Indian, ck, White, etc.	
8≺	3) Widowed 4 Divorced	IF YES, GIVE W	AR OR DA	TES				2 NO			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12.00	WHITE	
	15. DECEDENT'S EDUCAT	TION		16a. DECEI	DENT'S	USUAL O	CCUPATIO	ON		168	. KIND OF BUS	UNESS/INC	DUSTRY	MITTE	_
H.	(Specify only highest grade cor Elementary/Secondary (0-12)	mpleted) College (1-4 or 5 +))	(Give I	kind of w	ork done (retired.)	during mo	st of working	g						
MPI	12	5		CHA	IRM	AN	0F '	THE	BOA	RØ	FURN:	ITUR	RE M	MANUFACTUR	ł E
COMPLETED	17. FATHER'S NAME (First, Middle, Last)										Middle, Maiden	Surname)			
BE	VAN C.	BE.	ACHI						RIS					ICHARD	
2	19a. INFORMANT'S NAME (Type/Print) DONOVAN R. BEAC	111 EV 11	D								ber, City or Town			04740	
				134					Ε,	-				21740	
	20g. METHOD OF OISPOSITION 1 X Burial 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	I from State		PLACE AND					11.					Fown, State	
	A Donation 6 Other (Specify) REST HAVEN CEMETERY 11-26-93 HAGERSTOWN, WASH., MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										WASII., PID.	_			
	· R. hoel	Ru - de	/								FUNER!	AL_HC	OME,	INC. MD. 21740	
	23. PART I. Enter the disesses, or con			Al 1 1										MD. 21740	
	Louis to Enter the discoses, or con						Alexander and an								_
	anock, or neart fellure. Lis	t only one caus	se on ee	the desth och line.	n. Do n	ot enter	the mo	de of dyl	ng, aucl	h sa can	diec or reapli	ratory sn	rest,	Approximata interval Batween	
	IMMEDIATE CAUSE (Final	t only one caus	se on ee	ch line.						h sa can	diec or reapi	ratory sn	rest,		
	IMMEDIATE CAUSE (Final	Arteri	oscl	ch line.	ic H	eart				h as can	diec or reapli	ratory sn	rest,	interval Batween	h
N.	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Arterio	OSC1	eroti	LC H	eart	Dis	sease		h aa can	dlec or reapli	ratory sri	rest,	Interval Batween Onset and Daati many years	h
TION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate	Arterio Due To (OSC1	eroti	C H	eart): with	Dis	sease		h se can	dlec or reaph	ratory sn	rest,	Onset and Daath	h
ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	Arterio DUE TO (OSCIORASA ORASA ORASA	eroti conseque	LC H ENCE OF	eart): with):	Dis	sease		h se can	dlec or reapli	ratory sn	rest,	Interval Batween Onset and Daati many years	h
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING	Arterio DUE TO (OSCIORASA ORASA ORASA	eroti consecue	LC H ENCE OF	eart): with):	Dis	sease		h se can	diec or reapi	ratory sn	rest,	Interval Batween Onset and Daati many years	h
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Arteric Due To (OSCIORAS A ORAS A	eroti conseque conseque conseque	LC H ENCE OF	eart): with):	neu	ropa	thy		dec or reaple	ratory sn	rest,	Interval Batween Onset and Daati many years	h
AL CERTIFICATION	sindex, or near reliure. Lis immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Arteric Due To (OSCIORAS A ORAS A	eroti conseque conseque conseque	LC H ENCE OF	eart): with):	neu	ropa	thy		24s. WAS AN /	AUTOPSY		many years Thany years Thany years	S
	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Arteric DUE TO (OSCIOR AS A OR AS A OR AS A	eroti conseque 211it conseque conseque	US VENCE OF	eart): with):	neu	ropa	thy			AUTOPSY MED?		interval Batween Onset and Dasti Many years Many years Many years Many years Malable Prior TO COMPLETION OF CAUSE	S
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BALTIMORE, MARYLAND 21215-0020	death. Page 6 may be retained by the hospital or attending physician.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CEH	HIFIC	AIE OF	DEATH	RE	G. NO.		
1	1. DECEDENT'S NAME (First, Middle, Last) Hazel E	ERS				2. DATE OF DE MONTH	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last bir	thday) IF	UNDER 1 YEAR	IF UNDER 24 HAS.	7. DATE OF BI	RTN	8. BIRT	NPLACE (State or Foreign
	215-18-1164	1 □ M 2x3xF	73	YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day,	9, 1920	Count	ginia
	9a. FACILITY NAME (If not institution, give s		94	CITY, TOWN	OR LOCATION OF D			UNTY OF D		
<u>۳</u>	7 East Washington	Street			Hagers					
5	RESIDENCE OF DECEDENT				nager	SCOWII] Wé	ISHII	gton
DIRECTOR	10s. STATE 10b. COUNTY		1	Oc. CITY, T	OWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
ā	Maryland Was	shington		H	lagerst	own				© YES 2 □ NO
A	10e. STREET AND NUMBER				.10	H. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
E	7 East Washingto	on Street	Apt 308			21740			U.S.	Α.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	D	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN? (Sp	ecify Yes or No-		E — American Indian, ik, White, etc.
ВУР	1 Never Married 2 SMarried 3 Widowed 4 Divorced	FORCES? 1				pecify Cuban, Mexico S 2 A NO Specif		etc.)		white white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECED	DENT'S USI	UAL OCCUPAT done during m tired.)	ION ost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
91	Elementary/Secondary (0-12)	College (1-4 or 5+)								
MP			La	abore	r		F	roduce		
	17. FATHER'S NAME (First, Middle, Last) I Saac P.	Seal						Maiden Surname)		
BE		Jear						stell H		
2	Mr. Charles Bower	• -				and Number or Rural				
- 1			7	East	Washi	ngton St	reet, H	lagersto	wn,	Maryland 21:
	20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem	oval from State	20b. PLACE AND	DATE OF D	ISPOSITION /A	lame of		20c. LOCATION -		•
	4 Donation 5 Other (Specify)		Rest Ha	aven			11-24	Hagerst	own,	Maryland
1	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1		22. NAME A	NO ADDRESS OF FA	CUTY Min	mich Fu	nera	1 Home
- 1	sald m	nin	://		415 E	ast Wils	on Blvd	., Hage	rsto	wn, MD 21740
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Re	spilalory	. Do not	anter tha m	ode of dying, suc	h ss cardiac c	or respiratory a	rrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OF AS A CONSEQUENCE OF): CAUGUAL ASSUSSIVE DUE TO (OF AS A CONSEQUENCE OF): DUE TO (OF AS A CONSEQUENCE OF): 2 775 COVORMY AND ALGUASE 2 775									
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the polderlying cause given in Part I. — Consultations contributing to death but not resulting in the polderlying cause given in Part I. — Consultations to death but not resulting in the polderlying cause given in Part I. — Consultations to death but not resulting in the polderlying cause given in Part I. — Performance AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1.0		LACE OF DEATH (C	eck only one)			
PHYSICIAN:	1 TYES 2 NO	1 Inpatient 2 Ef	VOulpatient 3 🗆		THER: Nursing Ho	ne 5 Rasidence	8 Other (Spe	city)		
H	27. MANNER OF DEATH	26a. DATE OF INJ (Month, Day,		Bb. TIME O		JURY AT ORK?	28d. DEŞCRIBI	E NOW INJURY OF	CURED	
B≺	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO				
	3 Suicide 6 Could not be detarmined	IJURY — Al home, (Specify)	Al home, farm, street, fectory, office 281.				281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of my								s) and manner as stated.
BEO	296. SIGNATURE AND TITLE OF CONTIFIES		_	-		29c. LICENSE NUI	WBER	29d. DA	TE SIGNED	(Month, Day, Year)
	40	7				1244	996	•	11 -	22-91
5	30. NAME AND ADDRESS OF PERSON WHO	1.00	OF DEATH (IYEM 27) (Type, Prin	3//	Labb	ans	RD 1	Rozi	nshad
	NOV 2 4 1993	32. REGISTRAR'S	SIGNATURE			-/-/		//.		MD 2171

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach:		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical assuminer must be notified at once.
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U	EO	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	MP
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM CERTIFICA			MENTAL HYGIEN	-	36017
		echie				2. DATE OF DEATH DATE NOVEMber		3. TIME OF DEATH 3. 6:30 AM M
		5. SEX 6. AGE (In yrs. I	YRS. MON		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/29/1	1	BIRTHPLACE (State or Foreign Country) MARYLAND
STOR	CUMBERLAND NURSI		BERLAND	EATH	9c. COUNTY	LEGANY		
DIRECTOR	MARYLAND ALLE	GANY		OWN OR LOCAT	ЮН	(ECKHART)	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER RT 3, BO				21532		U.S.	
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOEHT EVER IN U.S. A FORCES? 1 YES 2 T IF YES, GIVE WAR OR DATES	ARMED XNO	II yes, spe	EHDEHT OF HISPAI ecity Cuben, Mexica 2 NO Specif	NIC ORIGIN? (Specity Yea in, Puerto Rican, atc.) iy:	or Ho— 14.	. RACE — American Indien, Black, White, etc. Specify: WHITE
LETED	ts. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	DECEDENT'S USU (Give kind of work of ite. Do NOT use reti	done during mod ired.}	OH st of working	16b, KIHD OF BUS		TRY
E COMPLET	6 17. FATHER'S NAME (First, Middle, Last) HENRY KLOS'		OUSEWIFE	E	18. MOTHER'S NA	OWN I	Surname)	
TO B	19a. INFORMANT'S HAME (Type/Print) ANNA MARIE FOJTIK					Route Number, City or Town	n, State, Zip Co	
	20e. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Remove 4 Donation 8 Other (Specify)	ral from State Cemetery, C	EANDDATE OF DIS crematory or other p LBURG ME	EMORIAI	L PARK	11/23 FRO	STBURG	or Town, State , MD 21532
	Mila	M. Dour	(S)	60 W.	MAIN ST	., FROSTBUI	RG, MD	
	23. PART I. Enter the diseases, pr co ahock, pr haert feliure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the clast only one cause on each life to the constant of the constant	fearl.	faile	de of dyling, auc	h aa cardlac or reapl	ratory arreat	t, Approximata Interval Between Onset and Death McMUL
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitted events resulting in death) LAST	DUE TO (OR AS A CONS		•				
PHYSICIAN: MEDICAL	PART II. Other eignificant conditions Severe Rue Cronary a	contributing to deeth but not remarked will where disc	resulting in th	e underlying	cause given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA		HOSPITAL:		HER:	ACE DF DEATH (Ch			
ву РНУ	27. MANNER OF DEATH 1 Astural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF IHJURY	28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCUR	DED
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At a building, atc. (Specify)	nome, term, atreet	, tectory, office		261. LOCATION (Street e City or Town, Stete)	nd Number or I	Rural Route Number,
COMPLETED	2 MEDICAL EXAMINER:	AN: To the best of my knowledge, of On the basts of examination and/o						ause(s) end manner es atated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIED	Lotom			294. LICENSE NUN		29/f. DATE SI	22/53

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Cumberland,

Md.

625 Kent

Dr. Sunil Gupta
31. DATE FILED (Month, Dey, Year)
NOV 24 1993

11/22/53 OHMH-t8 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Yours after death. Page 6 may be retained by the hospital or attending physicial
	ours after death
·	No.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	w requires that the death certificate be executed with
IVISION OF VITAL	OR ATTENDING PHYSICIAN: The law

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Aburs after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filled within 72 hours after death with 18th Dept. Of Health and Mental Hygiene prior to build, cremation, or removal. **INDICENTAL HYGING SP Is marked for 18th 23 shows any lating or other transmitteness that the marked as the property of the partial or other transmitteness.	ANT. I HELD LE IS HIGHER OF THE TO SHOULD BE THE TOTAL COUNTY, THE HIGHEST PARTITION THESE DE HOUSE OF CHIEF.
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31. DATE FILE NOV 2 6 1993

	1 - STATE REGISTRAR		MARYLAND /			T OF HE				REG. NO		3	36018
	1. DECEDENT'S NAME (First, Middle, Last	NEW LON							2. DATE O	D	AY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	Frederick N. Bloom		si birthday)	IE IMPE	R 1 YEAR	IF UNDER	24 MDR	7. DATE O	3/93		a DIDTL	7:46PM N
	218 16 4408	1 ★M 2 □ F	70	YRS.	MONTHS		HOURS	MIN.	(Month,	Day, Year)		Count	PENNA.
	Se. FACILITY NAME (If not institution, give		70		9b. CIT	Y, TOWN OR	LOCATI	ON OF DI		9/22	9c, COUN	TV OF D	
DIRECTOR	Memorial Hospita					umber					1.55	lleg	
EC	10e. STATE 10b. COUN	TY		10c. CIT	Y, TOWN	OR LOCATIO	N	_					10d. INSIDE CITY
H H	Maryland Al:	Legany		Cu	mber	land							LIMITS?
	10s. STREET AND NUMBER						ZIP CODI	E			10g. CITIZ	EN OF V	VHAT COUNTRY?
ER/	Rt 8 Box 38						215	02				U.S	. A .
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	YES 2	RMED			NDENT C	F HISPAI	NIC ORIGIN?			14. RACE	E — American Indian.
BY F	1 Never Married 2 Merried 3 Nidowed 4 Divorced	IF YES, GIVE	WAR OR DATES	NO		1 TYES 2			in, Puerto Rik y:	en, etc.)		Spec	k, White, etc.
0	15. DECEDENT'S EC	UCATION	16a, Di			CCUPATION			16b. F	IND OF BU	SINESS/IND	USTRY	
H	Elementary/Secondary (0-12)	College (1-4 or 5	A) Itte	Do NOT u	se retired.)							*****	
MP	10		KEL	LY S	PRIN	GFIEL	D T.	LRE	CO	TI	RE MA	NUF	•
BE COMPLETED									First, Middle, Meiden Surneme) E GERTRUDE NEE				
TO B	The INCOMANTIC NAME (Transferr)										2		
	20a, METHOD OF DISPOSITION 1 Burtlal 2 Cremetion 3 Removel from State 20b, PLACE AND DATE OF DISPOSITION (Name of State Support of Conference of Conferenc												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
	· Rale L. M	MERRITT-ADAMS FUNERAL HOME 404 DECATUR STREET CUMBERLAND MARYLAND								MARYT.AND			
	23. PART I. Enter the diseases, or ahock, or heart fellure	complications the	et caused the de	eath. Do	not ente	r the mod	e of dy	ing, auc	h as cerdis	c or reap	iratory am	eat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition	Losclero		neart	t dis	eas€	2					Onset and Death	
	resulting in death)	O (OR AS A CONSEQUENCE OF):											
TION	Sequentially list conditions, if any, leading to immediate	Diabete	DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	O (OR AS A CONSEQUENCE OF):											
CE	d												
AL	PART II. Other algnificant condition	one contributing to	death but not	reaulting	in the u	nderlying	ceuse (given in	Part i.	4a. WAS AN		24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
SIC	COPD; arthritis									YES :	A #		COMPLETION OF CAUSE OF DEATH?
ME											/		1 YES 2 NO
ä													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF D	EATH (Ch	eck only one)				
YSI	YES 2 NO	1 🗆 Inpatient 😰	ER/Outpatient	DOA	OTHE 4 Nu		5 🗆 Re	esidence	6 🗆 Other (Specify)			
BY PHYSICIAN: MEDICAL	Natural 5 Pending (Month, Day, Year)					IME OF 28c. INJURY AT WORK? 28d. DE NJURY M 1 VES 2 NO				DESCRIBE HOW INJURY OCCURED			
	2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office 28t. LC							LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED		SICIAN: To the best o											
Ö	MEDICAL EXAMI	NER: On the basis of	examination and/or	Investigation	on, in my	opinion, de	ith occur	red at the	time, data e	nd place, ar	nd due to the	e cause(a	a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIF		Dtpy Med	l Fv				ENSE NUI		ykr.	29d. DATE		(Month, Day, Year) /23/93
2	30. NAME AND ADDRESS OF PERSON V							D 09	113/				

Dtpy Med Ex

30. NAME AND MODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Paul Snow, M.D. 124 w 3rd st Cumb Md 21502

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attending physicia	ours after death. Page 6 may be retained by the hospital or attending physicia
TO THE FUNERAL URECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trope filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	d in by the funeral director, page 5 should be detached for use as the burial-to or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

be detached for use as the burial-training by the hospital or attending physician.

1 - STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

36019 93

	REGISTRAK		CE		CAIL	Or I	DEAL	П	R	EG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last)					99			2. DATE OF E	DEATH	Y	YEAR	3. TIME OF DEATH	
	CATHERINE		М.		RKETT				. 11	26	_	93	22:25 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		MONTHS I		HOURS	24 HRS. MIN.	7. DATE OF B (Month, De)	SIRTH y, Year)		a. BIRTHPI Country)	LACE (State or Foreign	
	219-20-4137	1 M 2 F	78	YRS.					Nov	22	1915	N	1D	
œ	9e. FACILITY NAME (If not institution, give street and number)				96. COUNTY OF DEATH						ATH			
2	MEMORIAL HOSPITAL & MEDICAL CENTER					CUMBERLAND, MD ALLEGANY					VY			
DIRECTOR						TY, TOWN OR LOCATION							10d. INSIDE CITY	
ă	MD Allegany 01					dtown				u			LIMITS?	
A I	10e. STREET AND NUMBER					10f. ZIP CODE				10g. CITIZEN OF WHAT COUNTI			IAT COUNTRY?	
E	Route 1 Box 117A					21555					USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS DECENDENT OF HISPANIC ORIG				IIC ORIGIN? (S	pecify Yea	or No-	14. RACE -	- American Indian, White, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X				If yes, specify Cuben, Mexican, Puer 1 TYES 2 NO Specify:					Specify:				
	15. DECEDENT'S EDUC	CATION	I 40- 05	OFOFNITIO									ite	
ETED	(Specify only highest grade	completed)	(G	16a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.)			k done during most of working			16b. KIND OF BUSINESS/INDUSTRY				
	Elementary/Secondary (0-12)	College (1-4 or 5 +												
COMPL	17. FATHER'S NAME (First, Middle, Last)		— ho	moma	kor		18. MOTH	IER'S NAI	ME (First, Middle	e, Maiden	n ho	me		
ш	Pinker Corsuch						/ BTR	(TAT)						
90	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRESS (Street and Number or Rural Ro				Poute Number, C	City or Town	n, State, Zip	Code)				
۲	Rita V	Gedeon		Ro	oute 1	Bo	x 11	.7A C	ldtov	vn M	D 21	.555		
	20s. METHOD OF DISPOSITION 143 Burlel 2 Cremation 3 Rem	ovel from State	20b. PLACE	AND DATE (OF DISPOSITI	ION (Nam	ne of		DATE	20c. LO	CATION C	City or Tow	n, State	
	4 Donation 5 Other (Specify)		Unior	ntown	UME	Chu	rch	Cem.	11/30	Un:	iont	own	Proper,MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		. /	22 NA	ME AND	ADDRES	S OF FAC	ünera	l H	ome			
	yours f	A/(0e	auro	111					Mary			1502	2	
NO	_	BDUE TO	se on each line A D A CONSECUTION	J _I C QUENCE OF	5/c.c	ock							Interval Batween Onset and Death	
CATION	If any, leading to immediate cause. Enter UNDERLYING			CE MY OCARDIAL INSARCTION CONSEQUENCE OF: CONSEQUENCE OF:										
	CAUSE (Disesse or Injury	DUE TO	CO LOS	JARY DUENCE OF	P: F	16-1	TRY	Ď,	ISEASO	=				
RTF	that initiated events resulting in deeth) LAST		(,									
8		1												
8	PART II. Other significant condition		,	resulting i	n the und	erlying	ceuse g	lven in i	Part I. 24a	. WAS AN			WERE AUTOPSY FINDINGS	
EDIC		1 PCKT CO							10	YES 2	140		COMPLETION OF CAUSE OF DEATH?	
≥	<u> </u>	IABELES	(NEW)					_			1	TES 2 10	
Ž														
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	201		OTHER:	26. PLA	CE OF D	EATH (Che	eck only one)					
₹	1 TYES 2 NO	1 Themstert 2 28e. DATE OF		DOA 28b. TIM				aldence	6 Other (Sp					
E H	1 Natural 5 Pending	(Month, De		INJ	URY	8c. INJU WOR	K?	I NO	28d. DESCRIE	BE HOW II	AJUHY OCC	UKEU	1000	
à	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE O	F INJURY — At ho	me, ferm, s	street, factor			,	281. LOCATIO	N (Street a	nd Number	or Rumi Ro	ute Number	
ED	4 Homicide 6 Could not be determined	building,	etc. (Specify)						City or To					
MPLE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, de	ath occum	od at the tim	e date s	and place	and due	to the causele) and man	nor on meter	vd.		
<u></u>	need -												and manner as stated.	
္ပ	29b. SIGNATURE AND TITLE OF CERTIFIER		n 18			-		NSE NUM				11 111	Month, Day, Year)	
BE		6	Boal					2333				11/27		
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type,	Print)		17		7			-	, .	
	DR. DINESH SHAH,	P.O.BOX	131. P	INTO.	MD	21	556						1	
	31. DATE NICE VIOLET 9" 1993	\$2. REGISTRA			h she	- free also	440							

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Delaction		once.
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- after		De r
DOCTOR.		r must
ומוופומו ה	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	or re	med
	ion,	he
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a diam	leant	We a
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2	Dept	23
2	State	Item
	the	ŏ
2	with	rked
	death	is marked, or Item 2
	after	28
	hours	item

PAUL SNOW,
31. DATE FILEO (Month, Day,
DEC 01

M.D. 1993

	1 - FOR STATE REGISTRAR		STATE OF I	MARYLA	AND / DI	EPAR	TMEN	OF H	DEALTH	AND I	MENT	AL HYGIEN		93	36020
	1. DECEDENT'S NAME (First		DEANE B	RUNEI							2. DAT	E OF DEATH	AY .	YEAR S	. TIME OF DEATH
3	4. SOCIAL SECURITY NUMBER										Nov		1993		12:20 A.M
	196-22-933		5. SEX	`	n yrs. last bir 52	thday) YRS.	MONTHS	DAYS			7. DAT	e of BIRTH	31	8. BIRTHPLACE (State or Foreign Country) PENNA.	
	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY	, TOWN	OR LOCATI	ION OF DE				ITY OF DEA	TH	
DIRECTOR	731 CLEVE		VENUE				CUMBERLAND ALIJEGAN					NY			
E	10e. STATE	10b. COUNTY				Oc. CIT	Y, TOWN	OR LOCAT	TION					Li	od, INSIDE CITY
	MARYLAND	AL	ALLEGANY			CU	MBER	LAND)					1	YES 2 NO
FUNERAL	100. STREET AND NUMBER 731 CLEVELAND AVENUE						101	zip cop	€ 1502	10g. CITIZEN OF WI			S.A.	AT COUNTRY?	
N				110 40455		1.0						L			
T	1 Never Married 2 🗶	Married	12. WAS DECEDEN FORCES?	YES	2 X NO	,		I1 yes, sp	ecity Cube	ın, Mexice	n, Puarto	IN? (Specify Yes Rican, etc.)	or No-	Bleck, 1	- American Indian, White, atc.
ВУ	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES				ITES			1 🗌 YES	2 NO	Specify	<i>(</i>		_	Specify:	WHITE
윤	15. DEC (Specify only	EDENT'S EDUC y highest grade	CATION completed)		16a. DECED	ENT'S	USUAL O	CCUPATIO	ON ast of workli	na	16	Sb. KIND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	SUPEI	NOT us	e retired.)				MDO	DIMN	ING/	FOOD	
MO	17. FATHER'S NAME (First, M.	iddle, Last)			DOLLI	IC A T	JOR	OI L	_			, Middle, Maiden		гоор	
	ORAN MI	LLER								TLE		YDER	<i>Sumame</i> ;		
BE	19a. INFORMANT'S NAME (7)	ype/Print)		_	19b. M/	AILING	ADORES	S (Street a					State 7in	Code)	
2	BRUCE BRUNER 731 CLEVELAND AVENUE CUMBERLAND MARYLAND 21502														
	20e METNOD OF DISPOSITI 1 Surial 2 Crematio 4 Donation 5 Other	ION on 3 - Remo	oval from Stata	20b.	PLACE AND	DATE	of DISPOS VE I	CEME	me of CTERY	DEC	2		INTS		RFD MD.
	21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE						D ADDRE						
	Dale	L. M.	enill									NERAL H		ID MA	DAT AND
											Approximata				
	snock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final											Interval Between Onset and Death			
l	disease or condition resulting in desth) . Small Cell Carcinoma of Lung														
	DUE TO (OR AS A CONSEQUENCE OF):														
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
CERTIFICATION	If any, leading to immed cause. Enter UNDERLY!	NG	302.10	(011 A0 A	CONSCOUL	NOE OF	,.								
Ē	CAUSE (Disease or Injusthat Initiated events	מ מי	DUE TO	(OR AS A	CONSEQUEN	NCE OF	7):								1
F	resulting in death) LAS	T .	d,												
	PART II. Other aignifica	at condition	e contribution to	donth hu		101								_	
CAL	VALUE ENGINEER	TR CONDITION	s continuuming to	deeth bu	it not resu	iting i	n the un	derlying	ceuse (given in	Part I.	24a. WAS AN	MED?	A	ERE AUTOPSY FINDINGS MILABLE PRIOR TO
E .												1 TYES 2	NO	0	OMPLETION OF CAUSE F DEATN?
Σ														1	YES 2 NO
AN	25. WAS CASE REFERRED TO	MEDICAL													
PHYSICIAN: MEDIC	EXAMINER?		HOSPITAL:	EB/Outon			OTHER	3:	ACE OF D						
Η̈́	27. MANNER OF DEATN		28a. OATE OF				-			sidence		er (Specify)	HIEV OCC	UREO	
ВУ Р		Pending investigation	28a. OATE OF INJURY (Month, Dey, Year) 28b. TIME OF 1NJURY WORK? M 1 VES 2 NO					200. 00	JOHNE HOW I	SONT OCC	ONEO				
COMPLETED	3 Suicide 6 (Could not be setarmined	28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, factory, office 28s. LOCATION (Street and Number building, etc. (Specify)						nd Number o	or Rural Rou	te Number,				
ا ۳	29a. CERTIFIER (Check only	IFYINO PNYSIC	CIAN: To the best of	my knowle	dge, death o	occurre	d at the ti	me, date	and place	end due	to the co	tues(s) and man	ner ee etet-	4	
8	2 MEDI	CAL EXAMINER	R: On the basis of e	xamination	end/or Inves	itigatio	n, In my o	pinion, d	eath occur	red at the	time, dat	e end place, and	f due to the	Cause(s) a	nd menner as stated.
ωШ		DONATURE AND TITLE OF CENTURER				inion, death occured at the time, date end place, and due to the cause(s) and n 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month)									
∞ ∥	DPTY M				CY MEI) E							V 30		
임	30. NAME AND ADDRESS OF	PURSON WNO	COMPLETED CAUS					1					110	. 50	

124 WEST 3rd STREET CUMBERLAND MARYLAND 21502

	FOR STATE REGISTRAR	STATE OF I				F HEALTH OF DEAT		MENTAL HYGIEN		3 36021	
- 3	1. DECEDENT'S NAME (First, Middle, Last)	Barry						2. DATE OF DEATH	, 1 9 93	3. TIME OF DEATH 11:05 P.M.	
	4. SOCIAL SECURITY NUMBER 213-74-0614	5. SEX 1 M 2 F	6. AGE (In yrs. Ias.		F UNDER 1 YE		24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) Sept. 1,1		8. BIRTHPLACE (State or Foreign Country)	
TOR	9a. FACILITY NAME (If not institution, give s Frostburg Nursi RESIDENCE OF DECEDENT		9		ostbur		ath sc. county of death				
DIRECTOR		Allegany.			TOWN OR LE				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 220 Center St.			101. ZIP CODE 2153			10g. CITIZEN OF WHAT COUNTY				
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	T EVER IN U.S. ARI YES 2 AN	MED	If yes	DECENOENT OF STREET	F HISPAN n, Mexica Specify	n, Puerto Rican, etc.)	RIGIN? (Specify Yes or No. 14. RACE - American Indi			
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 d	(Gr He.	CEDENT'S US we kind of work Do NOT use n	k done during etired.)	PATION of most of working	g	166. KIND OF BU	SINESS/INDU		
BE CON	17. FATHER'S NAME (First, Middle, Last) David G. Murray 18. MOTHER'S NAME (First, Middle, Maiden Surname) Catherine Lavin										
2	19a. INFORMANT'S NAME (Type/Print) Mary Morris							Route Number, City or Tow		Code)	
	20 METHOD OF DISPOSITION 1 Buriel 2 Cremetlon 3 Remote Donation 5 Other (Specify)	oval from State		INDDATEOF		(Name of				City or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIC	Horn	/			st Fun			ostbu	rg, Md.	
	23. PAPT I. Enter the diseases, or o shock, or heart tellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a	andu	av	entar the	mode of dyle	ng, suci	h as cardlec or respi	ratory arre	Approximate interval Between Onsat and Death	
CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Oisease or injury that initiated events resulting in death) LAST	DUE TO	OF AS A CONSEQUENCE OF AS	Whole or:	Coa bril	I del	go.	line Dela	- se	oneyen one gen - 392e	
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s conflibuting to	Bour	- Ty	n dr	ying cause g	iven in	Part I. 24s. WAS AN PERFOR	MED	246. WERE AUTOPSY PRIDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA 4	TAER:	PLACE OF DE	-			1	
ву рну	27. MANNER OF BEATH 1 Maturel 5 Pending Accident Investigation	27. MANNER OF SEATH 1 Mahurel 5 Pending (Month, Day, War)				INJURY AT WORK?	egezi.	6 C Other (Specify) 28d. DESCRIBE HOW INJURY OCCURED			
	3 Suitcide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)							38f. LOCATION (Street and Number or Runsi Route Number, City or Town, State)			
COMPLETED								to the cause(s) and man		d. cause(s) and manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER	Bo)	outside State	28c LICES				Signato (Mario Dan San)	

Westernport,

Md# 21540

8

1993

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Salarana (St)

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or death. Page 6 may be retained by the hospi	he funeral director, page 5 should be detached ral.	examiner must be notified at once.
ath certificate be executed within fours after	tending physician and completely filled in by a al Hydiene prior to burial, cremation, or remo-	shows any injury, or other traumatic event, the medical examiner must be
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within tours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Debt, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR be filed within 72 hours after	IMPORTANT: If Item 28

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93
iddle Lest)		2 DATE OF DEATH	

1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	year 3. TIME OF DEATH	
EMMA JO	SEPHINE	BIERMA	AN		11 29	1993		
4. SOCIAL SECURITY NUMBER 212-82-1186	5. SEX 6. AGE	E (In yrs. leet birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1007	8. BIRTHPLACE (State or Foreign Country)	
90. FACILITY NAME (If not institution, give SACRED HEART H			9b. CITY, TOWN OR LOCATION OF DEATH PT 15, 1807 PS. COUNTY OF DEATH CUMBERLAND, MD. ALLEGANY					
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c CIT						
MD All	egany	Cur	mberlar	n. ZIP CODE		Las over	10d. INSIDE CITY LIMITS? 1 YES 2 PANO	
14011 Canner	Road S.E.		10	21502	2	USA		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IN U.S. ARMED S 2 NO DATES	13. WAS DEC If yes, sp 1 — YES	14. RACE — American Indian, Black, White, etc. Specify: White					
15. DECEDENT'S EDI (Specify only highest grad	le completed)		USUAL OCCUPATE work done during mose retired.)		16b. KIND OF B	USINESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	homema	aker		0	wn ho	ome	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Meide	n Surname)		
John W. Glant	zer			Mary	Thompso	n		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)					
James E Bierman Cumberland MD 21502								
20a METHOD OF DISPOSITION 1 \(\tilde{\Omega} \) Burial 2 \(\tilde{\Omega} \) Cremation 3 \(\tilde{\Omega} \) Rer 4 \(\tilde{\Omega} \) Donation 5 \(\tilde{\Omega} \) Other (Specify) \(\tilde{\Omega} \)	moval from State	ob. PLACE AND DATE (emetery, grematory or or Davis Men	of disposition (Nather place) TOTIAL C	emeterv			City or Town, State Land MD	
21. SIGNATURE OF FUNERAL SERVICE L		. 11			Funeral	Home		
IMMEDIATE CAUSE (Final	complications that cays. List only one cause on	ed the death. Do r	Cumb	perland	, Maryla	nd 2	21502 est, Approximate Interval Betw Onset and Di	
ahock, or heart fallure	a. End DUE TO (OR AS DUE TO (OR AS C.	ed the death. Do reach line. S 7009 A CONSEQUENCE OF CONSEQUENCE	Cumb	perland	, Maryla	nd 2	est, Approximate Interval Betw	
ahock, or heart failure immediate CAUSE (Final idisease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. End Due TO (OR AS DUE TO (O	A CONSEQUENCE OF	Cumb	perland, ode of dying, such	Maryla h as cardiac or rea F. First	nd 2 piratory arro	est, Approximate Interval Betw	
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BALTIMORE, MARYLAND 21215-0020	rs after death. Page 6 may be retained by the hospital or attending physician.	n by the funeral director, page 5 should be detached for use as the burial-transi removal,	edical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARYLAND REGISTRAR	/ DEPARTMEN	T OF HEA	LTH AND I	MENTAL HYGI REG.	ENE 9	3 36023			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEAT	H	3. TIME OF DEATH			
- 1	LESTER BRATTEN JR.				NOVEMB		1993 2P. M			
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. I $214-32-0652$ 1 \cancel{X} M 2 \square F 60	YRS. IF UND		UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLACE (State or Form Country) MARYLAND				
	9e. FACILITY NAME (If not institution, give street and number)	9b. CI	TY, TOWN OR L	OCATION OF DE	F DEATH 9c. COUNTY OF DEATH					
TOR	ROUTE 353 TALBOT APTS.	VILLE		WIC	COMICO					
DIRECTOR	MD. WICOMICO	10c. CITY, TOWN	TSVIL	LE		10d, INSID LIMITS X YES				
FUNERAL	10e. STREET AND NUMBER P • O • BOX 131		101. ZIF	1850		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced 12. WAS OCCEOENT EYER IN U.S. / FORCES? 1 XYES 2 FYES, GIVE WAR OR DATES KOREAN	ARMED 13		Cuben, Mexica	IIC ORIGIN? (Specif n, Puerto Rican, etc		RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	DECEDENT'S USUAL. (Give kind of work don fe. Do NOT use retired	e during most of (.)	working		RVICE S				
M	17. FATHER'S NAME (First, Middle, Last)	CO OMME		MOTHER'S MA	ME (First, Middle, Me		TATION			
	LESTER WILLIAM BRATTEN S	R.	18		A ELLEN					
BE			SS (Street and I				de)			
2	JUDY SIMPKINS 7471 RACHEL LANE P.O. BOX 92 PARSONSBURG									
		PITTSVI	e place)	^{me} EM •		e. LOCATION — CHY PITTSVI	LLE, MD.			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2	2. NAME AND A			HOME, S	SALISBURY, MD			
	23 PART i. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each ii IMMEDIATE CAUSE (Finei disease or condition resulting in deeth) DUE TO (OR AS A CONS	ne.				espiratory arrest	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other aignificant conditions contributing to deeth but no	t resulting in the	underlying c	euse given in	PE	S AN AUTOPSY REFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ	CUE				_		1 TES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL		28. PLAC	E OF DEATH (Ch	neck only one)					
SIC	EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpatient	3 DOA 4 DA	ER:		8 Other (Specify	n				
H	27. MANNER OF DEATH 280. DATE OF INJURY	28b. TIME OF INJURY	28c. INJURY	AT		OW INJURY OCCUP	RED			
ВУ Р	Natural 5 Pending (Month, Day, Year) 2 Accident Investigation	M	1 YES	2 NO	100					
	3 Suicide 8 Could not be determined 28e. PLACE OF WJURY — At building, stc. (Specify)		281. LOCATION (Street end Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) and manner as stated.									
BE	296. SIGNATURE AND TITLE OF CERTIFIER DL Faur	-6	21	D D	MBER 72279	29d. DATE SIGNED (Month, Day, Year) 11.15.93				
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo. Print) BAL K. AGARWAL, M.D. 614-D EASTERN SHROE DR. SALISBURY, MD., 21801									
IVA	31. DATE (ILED IN ONLY DONNEY) SI DE PRESENTANTA GLORICONO									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE STATE REGISTRAR	OF MARYLAND / DEPA	ARTMENT OF HI		NTAL HYGIENE REG. NO.	93	36024		
	1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH	YEAR	3. TIME OF OEATH		
	IRA VAUGHN I	BURBAGE			VEMBER,		3 11:44A M		
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. lest birthday		IF UNDER 24 HRS. 7.	DATE OF BIRTH		PLACE (State or Foreign		
ì		1 M 2 □ F 70 YRS. MONTHS DAYS HOURS			(Month, Day, Year) 12-17-19	22 M	ARYLAND		
-	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
5	4994 POWELLVILL			LVILLE	LLE WICOMICO				
DINE	MD. WICOMI	1 2 2 2	POWELLY	7.6			10d, INSIDE CITY LIMITS? 1 YES 2 X NO		
1	10e. STREET AND NUMBER			ZIP CODE	- 1	10a. CITIZEN OF W			
2	P.O.BOX 14			21852					
2		ECEDENT EVER IN U.S. ARMED	13 Was DECE	ENDENT OF HISPANIC	BIGIN? (Specify Yes or	U.S.	A e - American Indian,		
[1 Naver Married 20 Married FORCE	S7 1 YES 2 NO	If yes, spe	cify Cuben, Mexican, P		Black	, White, etc.		
0	2 Wildowed A Dhanned	ORLD WAR 11	1 TES	2 NO Specify:		Speci	WHITE		
3	15. DECEDENT'S EDUCATION	16a. DECEDENT	'S USUAL OCCUPATIO	N	16b, KIND OF BUSIN	IESS/INDUSTRY			
u l	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1	1-4 or 5 +) #fe. Do NOT	of work done during mos use retired.)	t of working	NYTON	COMPA	177		
7	12	IN	SULATOR		NITON	COMPA	NY		
200	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NAME	First, Middle, Meiden Su	rname)			
	ELMER POWELL BU	JRBAGE		HATTIE	HENMAN				
0	19e. INFORMANT'S NAME (Type/Print)		NG ADDRESS (Street ar	nd Number or Rural Route		State, Zip Code)			
-	ARETTA W. BURBAGI	E P	.O. BOX	14, POWI	ELLVILLE	, MD.	21852		
	20a. METHOD OF DISPOSITION	20b. PLACE AND DA	ATE OF DISPOSITION			TION — City or To			
	1 Denation 5 Other (Specify)		T.T.VTT.T.E	CEM.	11-24 PO	WELLVI	LLE, MD.		
	21. SIGNATURE OF FUNERAL BERVICE LICENSEE		22. NAME AN	D ADDRESS OF FACILI					
	- Sundal	menol X	BOT	NDS FIINI	ERAL HOM	E. SAL	ISBURY, MD.		
Ħ	23. PART I. Enter the diseases, or complication	one that caused the death. De					Approximate		
	shock, or heart failure. List only of	one cause on asch line.	o not antor the mo	so or dying, suon s	o caraleo di respire	tory arreat,	Interval Between		
	IMMEDIATE CAUSE (Final disease or condition	CALSCER	AT 1	(or ora)			Onset and Death		
	disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):								
		DOE TO (ON AS A CONSEQUENCE	. Or j.						
5	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE	: OF):				+		
Ę	If sny, laeding to immediate cause. Enter UNDERLYING								
=	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A CONSEQUENCE	OF):						
H	resulting in desth) LAST								
3					. 1				
AL	PART II. Other significent conditions contribu	iting to deeth but not resulting	ng in the underlying	cause given in Par	t 1. 24a. WAS AN AI PERFORM		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
2					1 TYES 2	₫N0	OF DEATH?		
M.					`		1 TES 2 SONO		
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPIT	TAI ·	26, PL	ACE OF DEATH (Check	only one)		111		
2	1 TYES 2 NO 1 Inpati	ent 2 ER/Outpetient 3 🗆 DOA		5 - Residence 8	Cother (Specify)	forsp>cc	/Hours		
1	27, MANNER OF DEATH 28e.			RK?	Id. DESCRIBE HOW INJ				
2	2 Accident Investigation	N74		ES 2 NO		A			
	8 Could not be	PLACE OF INJURY — At home, farr building, etc. (Specify)	4	20	If. LOCATION (Street and City or Town, State)	d Number or Rural I	Route Number,		
בובה	4 Homicide determined	P	7						
COMPLE	290. CERTIFIER (Check only	e best of my knowledge, death occ	surred et the time, date	and place, end due to	the cause(e) and mann	er as stated.			
5	one) 2 MEDICAL EXAMINER: On the b	sele of examination end/or investig	ation, in my opinion, d	eath occured at the tim	e, date and place, and	due to the cause(e) and menner se stated.		
ш	296, SIGNATURE AND TITLE OF CERTIFIER	_		29c. LICENSE NUMBE	R	29d. DATE SIGNED	(Month, Day, Year)		
מ	(1/he d		100	0)260	40	· 11/20	193		
2	30. NAME AND ADDRESS OF PERSON WHO COMPLET	TEO CAUSE OF DEATH (ITEM 27) (T	ype, Print)			54175	FXORY		
	CRASE SU SCHAET	ck wo	51AR	WERSZI	DE DR	24 1000	ued 2159		
		EGISTRAR'S SIGNATURE		7-1-0-61	1				
	NUV 23 1993 Julia	Davidson-Randell							

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Decree of the second se

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1	-	STATE REGISTR	A
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	OTTAL OF IN		FICATE OF		REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	GILBERT, BROWN					11 / 16		93 10 p M
	4, SOCIAL SECURITY NUMBER		8. AGE (In yrs. last birthda	y) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
	218-20-7541	1X M 2 🗆 F	88 YRS.			5/22/05		MARYLAND
~	9a. FACILITY NAME (If not institution, give			9b. CITY, TOWN	OR LOCATION OF O	EATH	9c. COUNTY	Y OF DEATH
6	MERIDIAN NSG. (ENTER-TI	HE PINES	EASTO	N		TAI	BOT
S	10a. STATE 10b. COUNT	Y	10c. C	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
DIRECTOR	MARYLAND TALE	BOT	EA	STON				LIMITS?
	10s. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
ER	610 DUTCHMAN'S	LANE		-	21601		U.S.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, sp		NIC ORIGIN? (Specify Ya in, Puerto Rican, atc.) y:	a or No 14	I. RACE — American Indian, Black, White, etc. Specify: BLK
0	15. DECEOENT'S EDU (Specify only highest grad	ICATION COMPANY		I'S USUAL OCCUPATE of work done during me		16b. KIND OF BU	SINESS/INDUS	STRY
<u></u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT	T use retired.)				
MPI	06	_	FARM	LABORER		FARM	IING	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) ALFRED BROWN				The second secon	ME (First, Middle, Maider		
BE					MARTI			
2	1998. INFORMANT'S NAME (Typo/Print) JAMES G. BR	OWN	190. MAIL		ERSTOWN	Route Number, City or Tov I Rin 中ロガ	PPE, N	
	20a. METHOD OF DISPOSITION	O MIN	20h PLACE AND DA	ATE OF DISPOSITION				ly or Town, State
	X Burial 2 Cremation 3 Rer	noval from Stata		E"CEMET		/20/93		PE,MD.
	21. SIGNATURE OF FUHERAL BERVICE L	CHIVSEN	12:	22. NAME A	ND ADDRESS OF FA	CILITY PAL SERVI		
(110	1- N		319	E. DOVE	ER ST. EA	STON	MD.21601
	23, PART I. Enter the disease/or ahock, or heart failure iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Opposition of the control of the	coused the deeth. Dose on each line.	ST +	Spoke	ch as cardiac or reap	piratory arres	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	. #	OF AS A CONSEQUENCE	SIG'	<u>a</u>			1100/14
DICAL (PART II. Other aignificent condition	na contributing to	death but not resulting	ng in the underlyin	ig cause given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
Old	CV++					1 🗆 YES	2 NO	COMPLETION OF CAUSE OF DEATH?
ME	Opsmichue	more	MM			_ /		1 TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	y mach	Shigher		A A OF OF DEATH O			
PHYSICIAN:	EXAMINER?	HOSPITAL:	EDIO-4-M-M - D DO	OTHER:	LACE OF DEATH (C		10	
H	27. MANNER OF DEATH	28e. DATE OF	INJURY 28b.	TIME OF 28c, IN	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCU	PRED
	1 Netural 6 Pending	(Month, De	ny, Year)	INJURY/ W	YES 2 NO			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be datarmined		F INJURY — At home, fan etc. (Specify)	π, street, factory, offi	ce	28t. LOCATION (Street City or Town, State		r Rural Route Number,
COMPLETED	CONTROL ONLY		my knowledge, death occ					i.
	29b. SIGNATURE AND TITLE OF CERTIF			,,, spinoti,				
BE	John Digital One And Hill Of Certifi	trice	2D		DO C	766	► [[]	Staneo (Multin, Day, Year)
0	The second secon	1			1	1		
2	30. NAME AND ADDRESS OF PERSON WANN H. WEBB, M		DUTCHMAN		EASTON,	MD.21601	t	49

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Wind on		- u	ansit Amil
	-0020	ing physicia	the burial-ti
	BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician	d in by the funeral director, page 5 should be detached for use as the burial-transi
	LAND	the hospit	e detached
	MARY	retained by	5 should by
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	ALTIM	death. Page	funeral dire
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) THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5		PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be no
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FUNER	within	TANT
THE	filed	POR

executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DR ATTENDING PHYSICIAN: The law requires that the death certificate be

THE HOSPITAL

IMPORTAN

23

liffed at once.

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF CEATH NATHANIEL James Boyce Nov. .993 aM 1:054. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 11/21/93 s. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR | IF UNDER 24 HRS. 215-38-0984 51 1 2 M 2 | F DAYS HOURS 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH EASTON MEMORIAL HOSPITAL FUNERAL DIRECTOR EASTON TALBOT RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY TALBOT GREENSBORO 1 YES 2 NO 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? ROUTE 1 BOX 57-4 21639 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuben, Mexican, Puerto Ri 1 YES 2X NO Specify: 1 Never Married 2 Marrie Specify: BLK ВУ 3 Widowed 4 X Divorced COMPLETED 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) 1 2 College (1-4 or 5+) LABORER ALLEN FAMILY FOODS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JAMES** BOYCE WHITTINGTON MARIE BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DERRICK PRITCHETT 24 talbot lane Easton, Md. 21601 20s. METHOD OF DISPOSITION

1. Buriel 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE CROKERS CEMETERY 11/27/93 GREENSBORO, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY FOOKS FUNERAL 319 E. DOVER UNERAL SERVICE DOVER ST. EASTON, MD. 21601 00 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such se cardiec or respiratory errest, Approximate shock, or heart fallure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Can disuscelar disease ATHOROSULADIC resulting in desth) da OUE TO (OR AS A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially liet conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO HyporTra Slow COMPLETION OF CAUSE 1 YES 2 - NO 1 | YES 2 | YNO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Propertient 2 PR/Outpetlent 3 DOA OTHER: 1 | YES 2 | NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending Investigation BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and pisca, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 8 31466 201 2 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) dan 606 Dutchmans LANG Egites md 21601 III MD 2 4 32. REGISTRAR'S SIONATURE the Davidson Randall

	1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF I		MENTAL HYGIEN		3 36027
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATN		3. TIME OF DEATN
	John	Edward		Baxter		Nov. 2	5 9	5:34 P M
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTNPLACE (State or Foreign Country)
1 1			2 YRS.	MONTHS DAYS	HOURS MIN.			Vashington, D
	9a. FACILITY NAME (If not institution, give str		THUE		OR LOCATION OF D		9c. COUNTY	Y OF DEATN
6	Memorial Hospi	tal MILLS	ROAD	East	on		Ta	albot
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		the Cr	TY, TOWN OR LOCA	TION			Principal Control
DIRECTOR	Maryland Tall	bot	7.1.1.1	aston	TION			10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			10	f. ZIP CODE		10- CITIZEI	1 TYES 2 NO
EN I	26201 Tunis Mi	lls Road		"	21601		US	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE		13. WAS DEC	CENDENT OF NISPA	NIC ORIGIN? (Specify Ye	s or No — 14	. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 TYPE	S 2 NO	If yes, so	ecify Cuban, Maxic	en, Puerto Ricen, etc.)		Black, White, atc.
ВУ	3 Widowed 4 Divorced							White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	(Give kind of	Work done during me	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT L	se retired.)				
×	17. FATHER'S NAME (First, Middle, Last)		Sales	man	Marian and an article		afood	
	John Walter Ba	xter			1	AME (First, Middle, Maider thy Clay)	,	
BE	19a. INFORMANT'S NAME (Type/Print)		405 44411 1011	40000000000		Route Number, City or Tov		
임	Janyce M. Baxt	or	2620					, MD 21601
	20a. METNOD OF DISPOSITION		2020					y or Town, State
	1 X Burial 2 Cremation 3 Ramon 4 Donation 8 Other (Specify)		emetery, crematory or o	ther place)		11-29		
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	Spring	22. NAME A	ND ADDRESS OF F	LI-Zy I	Lastor	1, MD
	M.E. Nec	mary	CESI	Newr 200	nam Fun S. Har	eral Home	P. P. Fas	A. ston, MD
	23. PART I. Enter the diseases, or co shock, or heert failure. L	emplications that course on	sed the death. Do	not enter the mo	de of dyling, suc	ch as cardiac or resp	iratory arrest	t, Approximate
	IMMEDIATE CAUSE (Final	0	1	/				Onset and Daath
	disease or condition reaulting in death)	allen	no of	mg.				14 yrs.
		OUE TO (OR AS	S A CONSEQUENCE C	F): (
8	Sequentially list conditions, b.	DUE TO JOD A						
ITA	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (OH AS	S A CONSEQUENCE O	F):				
윤	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	S A CONSEQUENCE O	F):				
CERTIFICATION	resulting in death) LAST							İ
AL.	PART II. Other aignificent conditions	contributing to deeth	but not resulting	In the underlyin	g ceuse given in	Part i. 24s. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 YES :	NO NO	OF DEATH?
								1 _ YES 2 _ NO
PHYSICIAN:								
i Ci		HOSPITAL:		OTHER:	ACE OF DEATH (C	neck only one)		
ΥS	1 VES 2 NO 27. MANNER OF DEATN	1 Inputient 2 ER/O		4 Nursing Horn		8 Other (Specify)		
	1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year		JURY WO	URY AT PRINT	28d. DESCRIBE NOW	INJURY OCCUR	RED
ВУ	2 Accident Investigation 3 Suicide B Could not be	28e PLACE OF INJU	RY At home, tarm,		YES 2 NO	204 1 000 7 00 1 00		
COMPLETED	4 Homicide B Could not be determined	building, atc. (S)	pecify)	street, ractory, orne	•	28f. LOCATION (Street City or Town, State		Hural Houte Number,
9	29a. CERTIFIER 1 D CERTIFYING PAYOR	ANI, Washington and a second						
₩.		AN: To the best of my kno						ause(s) and manner as stated.
- 11	29b. SIGNATURE AND TITLE OF CHRYFTER							
BE	BURNATI	was in	.D.		29C, LICENSE NU	PI.	29d. DATE SI	IGNED (Month/Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATN (ITEM 27) /Tors	. Print)	21100	2 4	1	12
	DAVED Saich	509 /0	Court	Basker	Mo	71	601	1
	31. DATE FILEO (Month, Dey, Year)	32. REGISTRAR'S SIG	GNATURE	. 9 - 1- 9	- 1 07			
	NUV 29 1993	The Davidson	-Randoll					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 124 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REG. NO.

4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR 1 M 2 TF MONTHS 219-44-1361 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Memorial Hospital Easton RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Talbot Easton FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 39 Marie Terrace 21601 hours after death. Page 6 may be refained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES TO THO 11. MARITAL STATUS BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuben, Mexican, P 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION Elementary/Secondary (0-12) College (1-4 or 5+) 11 Registered Nurse 17. FATHER'S NAME (First, Middle, Last) James H. Harper BE notified 19a. INFORMANT'S NAME (Type/Print) 2 Blades Marie Terrace, must be 20s. METHOD OF DISPOSITION

M Burlai 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE Order Cemetery 12examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOHN X MERCEROI 200 S. cremation, or removal, the medical completely filled in by shock, or heert feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) hysician and com prior to burial, 97 traumatic CERTIFICATION Sequentially list conditions, if any, leading to immediate AS A CONSEQUENCE OF): signed by the attending physician Health and Mental Hygiene prior to cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuee given in Part I. MEDICAL shows any has be Dept. c PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL this certificate ha 28. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:

1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO te 5 Rasidenca 6 Other (Specify) 50 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, 1 Natural
2 Accident 1 YES 2 NO BY 28e. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 28 ls 6 Could not be COMPLETED DIRECTOR: J 4 🗌 Homicide If Item FUNERAL (HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the b 295 SIGNATURE AND THILE OF CERTIFIER 29c. LICENSE NUMBER 8 2 AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OEATH 1993 NOV. 30" Blades 12:16 Mary Harper 7. DATE OF BIRTH (Month, Day, Year) MAY 5, 8. BIRTHPLACE (State or Foreign Virginia 1908 9c. COUNTY OF OEATH Talbot 10d. INSIDE CITY LIMITS? 12 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY Nursing 18. MOTHER'S NAME (First, Middle, Maiden Sume Lula E. Thrift 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Easton, MD 21601 20c. LOCATION - City or Town, State Preston, MD Newnam Funeral Home, P.A. Harrison St., Easton, MD 21601 23. PART I. Enter the diseases, or complicatione that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximata interval Between Onset and Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29s. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end manner as stated. 29d. DATE SIGNED (Month, Day, Year)). 505 Dutchmans Lane Easton, Md.
32. REGISTRAR'S SIGNATURE
THE WAY ASSOCIATION FOR THE PROPERTY OF THE PROPER Stanlev Bysshe M.D 21601

0	Z	opes 1, 2, 3 mould	
BALTIMORE, MARYLAND 21215-0020	fter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. **on oval.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Leat)	ADMDER				2. DATE OF DEATH	44	3. TIME OF DEATH
Judea Ephesian CR					November	18,	199β
4. SOCIAL SECURITY NUMBER 236-50-0621	5. SEX 6. AGE 1 ☑ M 2 ☐ F 5		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Wear) Feb. 4, 19	35	L BIRTNPLACE (State or Foreign Country) Maryland
9e. FACILITY NAME (If not institution, give atre	net end number)	94	CITY, TOWN	R LOCATION OF DE			Y OF DEATH
Washington County	Hospital		Hage	rstown		Was	hington
Maryland Washi	ngton		erstow				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER 7 E. Washington S	treet			21740		10g. CITIZE	EN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 🖾 YES IF YES, GIVE WAR OR E 1953-19	2 NO	If yes, sp		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 1	4. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDUCA	ITION	16a. DECEDENT'S US	UAL OCCUPATION	DN .	16b. KIND OF BUS	BINESS/INDU	STRY
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n		st of working	manuf	actur	ing
17. FATHER'S NAME (First, Middle, Last)				18 MOTNER'S NA	ME (First, Middle, Maiden	_	
William W. Crabtr	ee				ret Cather		illam
19e, INFORMANT'S NAME (Type/Print)		19b. MAILINO AD	DRESS (Street a	nd Number or Rural F	Route Number, City or Tow	n, Stete, Zip C	Code)
Virginia M. Lewis							ryland 21740
20a. METHOD OF DISPOSITION	200	b. PLACE AND DATE OF D	ISPOSITION (Na				ty or Town, State
1 🖾 Buriel 2 🗆 Cremation 3 🗆 Removed 4 🗆 Donation 5 🗆 Other (Specify)	ral from State cer	metery cremetory or other Cedar Lawn	Memor	ial Park	11-22 на	verst	own, Maryland
21. SIGNATURE OF FUNERAL SERVICE LICE		^		D ADDRESS OF FA		60100	own, Haryran
X XXX	menn	1 - R.					
23. PART i. Enter the diseases, or co							own, Md. 217
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):					
d.							
PART II. Other algnificent conditions	contributing to death I		he underlying		Part i. 24a. WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATN? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Chi	ock only one)		
1 TES 2 10	1 Inpatient 2 ER/Out		THER: Nursing Horn	s 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O		URY AT RK?	28d. DESCRIBE HOW I	NJURY OCCU	RED
1 Netural 5 Pending 2 Accident Investigation	1.00		M 1	ES 2 NO			
3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, streetly)	et, factory, offic		28t. LOCATION (Street of City or Town, State)		Rural Route Number,
anal .	IAN: To the best of my know: On the basis of examination						i. ceuse(e) and manner as state
29b. SIGNATURE AND TITLE OF CERTIFIER	of cel			290 LICENSE NUN	IBER	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO ARDULWHEA	COMPLETED CAUSE OF DI	2821 _C	The this	(AVE	HAGER ST	OWN	· mn
31. DATE FILED (MOPS). RSV. 10002	32: REGISTRAR'S SION						















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*	Sages

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. It be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CE	RTIF	CATE	F DEATH		REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last) JOHN HEN	IRY		CLA	SK		MOI	TE OF DEATH		YEAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	4 405 //-				_	11 23 1993					
Į.	217 28 5508	1 ☑ M 2 ☐ F	8. AGE (In yrs. las	YRS.	MONTHS DAY		(Mo	ch 7,19	y, Year) Country)				
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
8	Washington Coun	tv Hospit	·a1			Hagers	toum		1.7	achi	ngton		
DIRECTOR	RESIDENCE OF DECEDENT	- J				nagers	COWII		VV	asill	ingcon		
Ĭ,	10a. STATE 10b. COUNTY	1		10c. CITY	, TOWN OR LO	CATION		-		1	Od. INSIDE CITY		
F	Maryland Wash	nington		U	lacorot	OTTO					LIMITS?		
	10e. STREET AND NUMBER	Trigeon		1	lagerst	101. ZIP CODE			10- 0/7/7		AT COUNTRY?		
FUNERAL	1/125 0 5								iog. Cirize	EN OF WH	AI COGNINY?		
2	14135 Cearfoss I					21740				USA			
5	11. MARITAL STATUS 1 Never Married 2 EMarried	12. WAS DECEDEN' FORCES? 1	T EVER IN U.S. AR	MED 10	13. WAS	DECENDENT OF HISPS specify Cuban, Mexic	ANIC ORIG	SIN? (Specify Yes	or No- 1	4. RACE - Black, 1	- American Indian, White, etc.		
8	3 Widowed 4 Divorced	IF YES, GIVE W				ES 2 NO Spec		, , , , , ,		Specify:			
									!_	whi	ite		
핃	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	OSUAL OCCUP	ATION most of working	1	66. KIND OF BUS	INESS/INDU	STRY			
ا ۳	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) ////////////////////////////////////										
COMPLETED	6	0		repa	irman			ceme	nt				
8	17. FATHER'S NAME (First, Middle, Last)					CALL CONTRACTOR OF		t, Middle, Maiden	Sumame)				
BE	Samuel Clark					Farm	nie I	Dodson					
စ္	19a. INFORMANT'S NAME (Type/Print)		191			et and Number or Rura							
۲	Stella Clark			1413	5 Cear	foss Pike	e, Ha	agersto	m, Mo	1. 2	1740		
	20a. METHOD OF DISPOSITION 1 N Burlal 2 □ Cremation 3 □ Remo				F DISPOSITION		ים	ATE 20c. LOC	ATION — CI	ty or Town	n, State		
	4 Donation 5 Other (Specify)	OVAII ITOMI State	Ced	matory or oti ar La	her place) Iwn Men	orial Par	ck 1	1-27 на	agersi	town.	Maryland		
	21. SIGNATURE OF PUHERAL SERVICE LIC				22. NAMI	AND ADDRESS OF F	ACILITY		0		, , , , , , , , , , , , , , , , , , , ,		
	-tatt	mn	nne	1		IICH FUNE				261	277/2		
	23. PART I. Enter the diseases, or o			ath. Do n	of enter the	mode of dving su	Ch as ca	errilac or respir	CSLOW	I Ma	Approximate		
	shock, or heart failure.	List only one cau	se on each line					-	atory arro		Interval Between		
- 1	IMMEDIATE CAUSE (Final disease or condition						_				Onset and Death		
Į.	resulting in death)		OSCLETOT			Vascular	Dise	ase			years		
		DUE 10	(DR AS A CONSEC	JUENCE OF) :								
CERTIFICATION	Sequentially list conditions,	DIJE TO	(OR AS A CONSEC	NIENCE OF	٠								
F	if any, leading to immediate cause. Enter UNDERLYING		(**************************************		,.						i i		
윤	CAUSE (Disease or Injury that initiated events	DUE TO	(DR AS A CONSEC	DUENCE OF):						İ		
E	resulting in death) LAST												
8		J									+		
	PART II. Other significant condition	s contributing to	death but not r	esulting i	the underly	ring cause given in	n Part I.	24s. WAS AN			ERE AUTOPSY FINDINGS		
EDICAL								PERFORM		C	MAILABLE PRIOR TO COMPLETION OF CAUSE		
								1 163 2	E3 NO		F DEATH?		
2										'	TES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL				26	PLACE OF DEATH (C	hack only	anel .					
딛	EXAMINER?	HOSPITAL:	Proposition of the second	C	OTHER:				ork- In	ndener	ndent Cement		
PHYSICIAN: M	27. MANNER OF DEATH	1 Inpetient 2 I		28b. TIME		iome 5 - Residence	7				de la concine		
	1 Netural 5 Pending	(Month, De		INJU	JRY	WORK?	28d. D	EŞCRIBE HOW IN	JURY OCCU	RED			
à l	2 Accident Investigation	00. PH 405.01	T 404 M 4004 0			YES 2 NO	-						
	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At ho etc. (Specify)	me, rerm, s	reet, factory, o	ffice	26f. LC	OCATION (Street a ity or Town, State)	nd Number o	r Rural Rou	ite Number,		
Щ													
릴						late and place, and du							
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of ex	tamination and/or i	nvestigation	, in my opinio	n, death occured at th	e time, de	ate and place, and	due to the	cause(s) a	nd manner ee stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER	5		,		29c. LICENSE NU	JMBER		29d. DATE	SIGNED (A	fonth, Day, Year)		
BE) devel	WA	/ A	100		P D010	62		▶ 1.1	/23/	/93		
임	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	E OF DEATH (ITE	II 27) (Type,	Print)					/			
	Edward W. Ditto,	III. M.T	217	W . U	Jashin	ton St.	Hage	erstown	MD	21	740		
	31. DATE FILED (Month, Day, Year)	32, REGISTRA	R'S SIGNATURE		·aonilil	CON DL.	ag	CIGCOMII	,	21.	, , ,		
		(11	e 1 (6)										
	NOV 2 4 1993	Julian Da	inden Par	سالعالم									

Maryland

11. MARITAL STATUS

10a. STREET AND NUMBER

1 Never Married 2 Married

3 Widowed 4 2 Divorced

0-12

17. FATHER'S NAME (First, Middle, Last)

19a. INFORMANT'S NAME (Type/Print)

IMMEDIATE CAUSE (Final

disease or condition resulting in death)

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

10625 Trotter Drive

10625 Trotter Drive

(Specify only high

15. DECEDENT'S EDUCATION

James B.

Mr. Douglas Schweinhart

20s. METHOD OF DISPOSITION
1 CX Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify)

21. SIGNATURE OF FUNERAL SERVICE LICENSEE

A. SOCIAL SECURITY NUMBER

217-16-2242

RESIDENCE OF DECEDENT

Howard Wright CARR

5. SEX

Washington

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO

IF YES, GIVE WAR OR DATES

W.W. II

Carr

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying,

shock, or heart fellure. List only one ceuse on each line.

1 🗵 M 2 🗌 F

18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

20b. PLACE AND DATE OF DISPOSITION (Name of Haven

6. AGE (In yrs. last birthday)

66 YRS.

/ DEPAI	RTMENT (OF DEA	AND MI	ENTAL HYGIEN REG. NO.	E	93	36031
				ovember 2		YEAR 993	3. TIME OF DEATH
6 YRS.	IF UNDER 1 Y	EAR IF UNDER	MIN.	ATE OF BIRTH (Month, Day, Year) (arch 7, 1	.927	Countr	PLACE (State or Foreign y) higan
		gerstow		H		Wash	ington
1,01	ry, town on i						10d. INSIDE CITY LIMITS? 1 YES 2 NO
			742			U.S	A.
ARMED NO	If ye	B DECENDENT (is, specify Cubi] YES 2 1 NO	an, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No—		E — American Indian, k, White, etc. My: White
(Give kind of life. Do NOT u		PATION Ing most of world In manag		166. KIND OF BUS	mber		
405 444 11 101				Verna V.	Mau	0	
				ne Number, City or Town			nd 21742
E AND DATE	wen			11-30 Hag		OWN,	
ch		East		*1711117			al Home wn, MD 2174
death. Do ne.	not enter the	mode of dy	ing, such	na cardiac or reapi	ratory ar	rest,	Approximate Interval Between Onset and Death
SEQUENCE O	lF):	· Lrj	Cance				3 months
SEQUENCE O	F):						
EQUENCE O	(F):						

CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST PART II. Other significant cond MEDICAL

1 Netural

2 Accident

3 Suicide

4 Homicide

itlone	contributing	to	death	but	not	resulting	In	the	underlying	cause	given	In	Part	I.

	N AUTOPSY ORMED?
1 TYES	2 NO

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO

25.			REFERRED	то	MEDICAL
		MINE			
	1 📋	YES	2 🔯 NO		
=					
27.	MAN	NER C	F DEATH		

HOSPITAL:
1 | Inpatient 2 | ER/Outpat OTHER: 26a. DATE OF INJURY (Month, Day, Year)

Metzitata

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF).

DUE TO (OR AS A CONSEQUENCE OF):

5. Residence	6 Other (Specify)
Y AT	28d, DESCRIBE HOW INJURY OCCURED

26. PLACE OF DEATH (Check only one)

Herri	3	□ DOA	4 U N	lursing Hon	10 5J	Residence	6 🗆	Other (Spec
		26b. TIA	AE OF JURY	28c. IN.	URY A	т	28d	. DESCRIBE
		_	M	1 🗌	YES	2 NO	1	

			⁴ 1	YES	2 🗌
28e. PLACE OF INJURY - At ho	me, term,	street,	tactory,	office	

26t. LOCATION (Street and Number or Rural Route City or Town, State)	Numbe
	20t. LOCATION (Street and Number or Rural Route City or Town, State)

(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.
one)	2 . MEDICAL EXAMINER: On the basia of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

Pb. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
michael of Meloured MD	041667	11.29.93

				_			-				_	_	_	_
0.	NAME	AND	ADDRESS	OF	PERSON	WHO	COMPLETED	CAUSE	OF	DEATH	(ITEM	27)	(Туре,	Print)

ISE OF	DEATH (ITEM 27) (Type,	Print)		
ck	1799	100	w/1	Rel.

beien	1	110	71	7	U
(VC) (e/)	Vewn	100.	C 1	1	1

e Could not be determined

32. RECESTRAR'S SIGNATURE
Julius Candem Randock

BALTIMORE, MARYLAND 21215-0020

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

once.

notified at

must be

examiner

medical

event, the

traumatic

23 shows any injury, or other

PHYSICIAN:

B

BE COMPLETED

2

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223

has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. hours after death. Page 6 may be retained by the hospital or attending physician, HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE FUNERAL DIRECTOR: After this certificate he filed within 72 hours after death with the State IMPORTANT: If item 28 is marked, or item

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in be filled within 72 hours after death with the State Detc, of Health and Memial Hypiene prior to burial, cremation, or removal.	t, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	NG PHYSICIAN: The law requires that the death certificate be executed with	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Deat, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISIO	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: Aft be filed within 72 hours after dea	IMPORTANT: If Item 28 is n

STATE OF MARYLAND / DEPAR	TMENT OF HE	ALTH AND MEN	TAL HYGIENE
CERTIF	CATE OF D	DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART			MENTAL HYGIEN	E 9	3 36032	
	1. DECEDENT'S NAME (First, Middle, Leet)	Crowe	,			2. DATE OF DEATH	AY &	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213-16-9002 A	5. SEX	yrs. lest birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug. 28,	8.	BIRTHPLACE (State or Foreign Country) Maryland	
OR	Frostburg Hospita	Frostburg Hospital. Inc			burg	of DEATH gany			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY	TE 10b. COUNTY 10			ION			10d. INSIDE CITY LIMITS?	
	Maryland All 10a. STREET AND NUMBER 235½ Welsh Hill	egany	PI	rostburg	ZIP CODE 21532			1 III YES 2 □ NO I OF WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	U.S. ARMED 2 NO	If yes, spe	ENDENT OF HISPA icity Cuban, Mexico 2 NO Specifi	is or No— 14. RACE — American Indian, Black, White, etc. Specify:				
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				N at of working	ISINESS/INDUS	White		
MP	3 Coo			2			tauran	t	
	17. FATHER'S NAME (First, Middle, Last)	24				ME (First, Middle, Malden			
	James Morgan 190. INFORMANT'S NAME (Type/Print) 190. MAILING			DODECS (Street o		Ellen Fout Route Number, City or Tox		2.1	
2	Mildred Durr								
	20s. METHOD OF DISPOSITION 20h PLACE AND DATE OF DISPOSITION //Nome of DATE 20s. IDCATION _City or Town State								
	12 Buriel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) Fbg. Memorial Park 11/25/93 Frostburg, Maryland								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY TOTAL FUNERAL HOME								
	> John /	Warst		57 Fr	st Ave.	Frostburg	, Md.	21532	
	IMMEDIATE CAUSE (Final	Market Caused on a cause on a cause on a cause on a cause on a cause on a cause on a cause on a cause on a cause on a cause on a cause on a cause on a cause on a cause on a cause of c	ch Ilna.			th as cardiac or reap	lratory arrest	i, Approximate Interval Between Onset and Death	
NOL	Sequentially list conditions, if any, leading to immediate	Pulmonary DUE TO (OR AS A C	emboli	.sm					
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	Chronic A		lation					
ERTIF	that initiated events resulting in death) LAST	ASCVD	ONSEQUENCE OF):						
A	PART II. Other significant conditions	contributing to death but	t not resulting in	the underlying	cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
Ä	25, WAS CASE REFERRED TO MEDICAL			25. PL	ACE OF DEATH (C)	neck only one)			
PHYSICIAN: MEDIC	EXAMINER?	HOSPITAL: 1 D Inpatient 2 D ER/Outpat		THER:	6 Residence	6 Other (Specify)			
3Y PH	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	26b, TIME	WO!	JRY AT RK? ES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	RED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY – building, etc. (Specif)	– At home, ferm, str	eet, factory, office		28f. LOCATION (Street City or Town, State	end Number or	Rural Route Number,	
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY	ann)	IAN: To the best of my knowled: On the basis of examination						euse(s) and manner as stated,	
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	angeles	NZon	e mo	29c. LICENSE NU	MBER 3166	29d. DATE S	IGNEP (Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO Angel Roque MD				g, MD 2	1532		3	
	31. DATE FILED (Month, Day, 14") 1993	32 GISTRAR'S SIGNAT							

Parties Ather		a 101 a	# SDU6-91-613
	The same	024	manife, in the first
v b 4	\$5,520		ILE Males Ages
m.260			
Symmetrical		de62	
	properties and the second		ansak
91 and 21522	MALL Sheathers, Name		wood testalist
enoil lements	Tank 11/25/93 Francisco	4.	

REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN		36033			
1. DECEDENT'S NAME (First, Middle, Last) JOSEPH LESTER CU	מז וידו			2. DATE OF DEATH MONTH DOVEMBER		3. TIME OF DEATH 3 12:20 P			
4. SOCIAL SECURITY NUMBER 170 03 1819 9a. FACILITY NAME (If not institution, give s	5. SEX 6. AGE (B YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 03/04/0	5 PEN	THPLACE (State or Foreign ntry) INSYLVANIA			
SACRED HEART HO		96. 0	CUMBERLAND			ALLEGANY			
10e. STATE 10b. COUNTY PA BE		N OR LOCATION NDMAN		10d, INSI					
R. D. #1, BO	X 82		101. ZIP CODE 1554	15	WHAT COUNTRY?				
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2								
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (9-12)	College (1-4 or 8 +)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire PIPEFITT)	one during most of working ad.)		WHITE O OF BUSINESS/INDUSTRY XTILE MANUFACTURING				
17. FATHER'S NAME (First, Middle, Last) PATRICK CUT	LER		and the second	NAME (First, Middle, Meiden ELIZABETH					
19a. INFORMANT'S NAME (Type/Print) PAUL MARTZ 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) R. D. 1, HYNDMAN, PA 15545									
200-METHOD OF DISPOSITION 1 Device 2 Cremetton 3 Hamoval from State 4 Donatton S Other (Seedly) 200- PLACE AND DATE OF DISPOSITION (Name of Completely Cremetory of other place) PALO ALTO HILLTOP CEM-11/27/93 HYNDMAN PA									
21. SHONATURE/OF FUNERAL SERVICE LICENSEE 12. NAME AND ADDRESS OF FACILITY HARVEY H. ZEIGLER FUNERAL HOME HYNDMAN, PA 15545-0636									
21. PART I. Enter the diseases, or shock, or neart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on e	the death. Do not an				Approximate Interval Between Onset end Death			
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):							
CAUSE (Disease or injury that initiated events	d		underlying cause given i	in Part I. 24e. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CAUSE (Disease or injury that initiated events resulting in death) LAST	d			PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 June	d	out not resulting in the	28. PLACE OF DEATH (0	PERFOI	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural S Pending	d	out not resulting in the	28. PLACE OF DEATH (U	PERFOI	RMED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JAM 27. MANNER OF DEATH 1 Autural 5 Pending	HOSPITAL: 1 Patient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	put not resulting in the	28. PLACE OF DEATH (the Part of the Part o	PERFOI 1 YES : Check only one) 6 Other (Specify)	and Number or Rura	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JAM 27. MANNER OF DEATH 1 Ratural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPITAL: 1 Ompation: 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, stc. (Special Control of the Control	betient 3 DOA 4 TINDER INJURY N	28. PLACE OF DEATH (the state of the state o	PERFOIL The Yes 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 1 281. LOCATION (Street City or Town, State) us to the cause(e) and ma	INJURY OCCURED and Number or Rura	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 JAM 27. MANNER OF DEATH 1 Ratural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only)	HOSPINE: 1 Umpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, stc. (Spec	betient 3 DOA 4 TINDER INJURY N	28. PLACE OF DEATH (the state of the state o	PERFOI 1 YES 2 Check only one) 6 Other (Specify) 28d. DESCRIBE HOW 2 281. LOCATION (Street City or Town, State) us to the cause(e) and make time, date and place, or UMBER	and Number or Rura	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within as hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

2, 3 should

9	3	3	6	0	3	4

							2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH	
DOROTHY VIRGINIA	7	N					NOV	NOVEMBER 29.			09:00 A	
4. SOCIAL SECURITY NUMBER	5. SEX				UNDER 24 HRS.	7. DATE OF BIRTH			8. BIRTHE Country	LACE (State or Foreign		
233 58 3280	1 - M 2 XF	75	YRS.	MONTHS DA	WB HO	URS MIN.	JAN	8 19	918	COURTY	WV	
9a. FACILITY NAME (If not institution, give a	street and number)		3.0	96. CITY, TO	WN OR LO	CATION OF	DEATH		Bc. CO	UNTY OF DE	ATH	
SACRED HEART HOSPITAL				C	RLAND				ALLE	GANY		
10a. STATE 10b. COUNT	Υ		10c, CI1	Y, TOWN OR L	OCATION					T	10d. INSIDE CITY	
1777	WV Mineral										LIMITS?	
WV Mine			Piedmo	101. ZIP		_		T.,		1 X YES 2 NO		
				1000						HAT COUNTRY?		
105 East Hamp				2	6750	1,-1		U	rs .			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES			2 XNO If yes, specify Cuban, Maxica				can, Puerto	an, Puerto Ricen, etc.)			14. RACE — American Indian, Black, Whita, atc. Specify: Black	
15. DECEDENT'S EDU		16a, D	ECEDENT'S	USUAL OCCU	PATION		168	KIND OF BU	JSINESS/IN	IDUSTRY	220011	
(Specify only highest grade Elementary/Secondary (0-12)		- Si	Give kind of le. Do NOT u	work done during se retired.)	g most of	working						
Unknown	College (1-4 or 8		Homemaker					Home				
17. FATHER'S NAME (First, Middle, Last)					Tan	MOTHER'S N	14145 77		- 0			
					18.							
Forrest Pr	:ice							Price				
19a, INFORMANT'S NAME (Type/Print)		11		ADDRESS (St								
James Colem	nan		20	Murph	ny St	. Pi	edmor	it, WV	. 26	750		
20s. METHOD OF DISPOSITION	anual Annua Chah	20b. PLACE	ANDDATE	OF DISPOSITIO	N (Name o	1	DAT	E 20c. L	OCATION -	- City or Tow	rn, Stata	
4 Donation 6 Other (Specify)	IOVIII ITOM STIRE	Pot	omatory or c	Memor:	ial (Garder	12-	-2-93	Kev	ser,	WV	
XX) Buriel 2 Cremetton 3 Removal from State 4 Donatton 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
×-///1.0	Boal Funeral Service											
/ way	00	10 ex	1	11	ĭ 1 °Ci	nurch	St. I	Jester	npor	t Md		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								19 Do				
PART II. Other algoriticant conditions contributing to deeth but not COA. Report Hemphone Diabetes mellet us Respectatory Facture				1[N AUTOPSY PRMED?	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Diabetes V Reaperate	nella	lun									1 YES 2 NO	
COA Region Diabetes ? Respected to MEDICAL EXAMINER?	neller y Fai	lun			16. PLACE	OF DEATH (Check only o	10)			1 YES 2 NO	
Deapetes V Relagarinto 25. WAS CASE REFERÊNCO TO MEDICAL	nella	lun	3 DOA	OTHER:							1 YES 2 NO	
COA Report Respected to Medical Examiner? 1 Ves 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Dispetient 2 1 28s. DATE OF	ER/Outpatient F INJURY	28b. TIN	OTHER: 4 Nursing	Home 8	Residence	■ □ Oth		INJURY O	ссияер	1 YES 2 NO	
COA Report Respected to Medical Examiner? 1 Yes 2 No 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Dispetient 2 1 28s. DATE OF	ER/Outpatient	28b. TIN	OTHER: 4 Nursing	Home 8 LINJURY WORK?	Residence	■ □ Oth	r (Specify)	INJURY O	ссияер	1 YES 2 NO	
CAT Pupper Respectes Respectes Respectes Statement Statement I yes 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Conpetient 2 28s. DATE OI (Month, I	ER/Outpatient F INJURY	28b. Till	OTHER: 4 Nursing ME OF 28c JURY 1	Home 8 L INJURY WORK? L YES	☐ Residence	28d, DE	r (Specify)	and Numb			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Vinpetient 2 (28a. DATE Of building. HICIAN: To the bast of e	ER/Outpatient F INJURY Dey, Year) OF INJURY — A1 h , etc. (Specify)	28b. Till IN ome, farm,	OTHER: 4 Nursing AE OF JURY M 1 atreet, factory,	Home 8 INJURY WORK? YES offica data and on, death	Residence AT 2 NO place, and de	28d. DE	ATION (Street or Your, State	and Numb	er or Rural	oute Number, and manner as stated	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYINO PHYS	HOSPITAL: 1 Vinpetient 2 (28a. DATE Of building. HICIAN: To the bast of e	ER/Outpatient F INJURY Dey, Year) OF INJURY — A1 h , etc. (Specify)	28b. Till IN ome, farm,	OTHER: 4 Nursing AE OF JURY M 1 atreet, factory,	Home 8 INJURY WORK? YES offica data and on, death	Residence AT 2 NO place, and de occured at ti	28d. DE 28d. DE 28f. LOC City	ATION (Street or Your, State	and Numb	er or Rural Re ated. the cause(a)	oute Number, end manner sa stated. (Month, Day, Year)	
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25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	HOSPITAL: 1 Inpertent 2: 28s. DATE Of (Morth, i.) 28s. PLACE (building) BICIAN: To the basis of complete of complete CAU	ER/Outpatient FINJURY Dey, Year) OF INJURY — A1 In of, etc. (Specify) If my knowledge, of examination and/or examination and/or examination of Death (IT)	28b. Till IN some, farm, leath occurr Investigation	OTHER: 4 Nursing AE OF JURY M 1 atreet, factory, red at the time, on, in my opinis	Home 8 2. INJURY WORK? YES offica data and on, death	Place, and do occured at the LICENSE N	28d, DE: 28d, DE: 28f, LOC City 28f, LOC City UMBER	ATION (Street or Rown, State or Rown	anner as st ind dus to	ated. Ithe cause(a) ITE SIONED	oute Number, end manner sa stated. (Month, Day, Year)	

DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral directio, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020 for death. Page 6 may be retained by the hospital or attending physician. The funeral director, page 5 should be detached for use as the burial-transit permit.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Arours after death, Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he filed within 72 hours after death with the State Dest. of Health and Mental Houseb prior to burial, chemision, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
that the death certificate be executed	hed by the attending physician and contitued the and Mental Hydiene prior to burial.	any injury, or other traumatic e
IDING PHYSICIAN: The law require	. After this certificate has been sig- death with the State Deot, of Hea	s marked, or item 23 shows
TO THE HOSPITAL OR ATTEN	TO THE FUNERAL DIRECTOR: The filed within 72 hours after	IMPORTANT: If Item 28 i

	HEGISTHAR			IIII IOA	ALE OF	DEATH		REG. NO.			
	MONT						DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH				
1	4. SOCIAL SECURITY NUMBER	S. SEX	8. AGE (In yrs. last bi		NOER 1 YEAR	IF UNDER 24 HRS.	_	EMBER OF BIRTH	R 12 1993 9 4 MI		
	244-19-7300 X M 2 F 21 YRS. De. FACILITY NAME (If not inetitution, give street and number)				THE DAYS	21 2			771	NORT	H CAROLI
OH	PENINSULA REGIONA	96.	SALIS	DEATH		9c. COUNTY OF DEATH WIGOMICO					
DIMECTOR	10a. STATE 10b. COUNT		TY, TOWN OR LOCATION NEW BERN				10d. INSIL LIMI 1X YES				
	100. STREET AND NUMBER 1503 BENFIEL			11 CW		1. ZIP CODE	' 2	- 36	10g. CITIZEN OF WHAT COUNTRY		
BY FUNERAL	11. MARITAL STATUS Never Married 2 Married 3 Widowed 4 Divorced	D	28563 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:					Black, White, etc.			
	15. DECEDENT'S EDU (Specify only highest grade		16a, DECE	DENT'S USU	AL OCCUPATI	ON pst of working	166	. KIND OF BUS	INESS/INDUS		BTIHW
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 8 +) Iffe. Do	NOT use reti	red.)	APPR.		CONSTR	RUCTI	ON	
	17. FATHER'S NAME (First, Middle, Lest) ROY KENN	STU CUA			F	16. MOTHER'S N	AME (First,		Surname)		
IO BE	19a. INFORMANT'S NAME (Type/Print)	CIN CHAI	19b. A			and Number or Rura	Route Num	ber, City or Town	, State, Zip Co		
	ROY CHAMBERS		20b. PLACE AND			IELD AV	E., 1		ERN, N		
	20e, METHOD OF DISPOSITION 1 Burlal 2 Crymation 3 Ram 4 Donation 5 Other (Specify)		complety, arems	VZEAF	M3M	. PARK	4	-14 NO			
	21. SIGNATORE OF FUNERAL SERVICE LA	Down	nd			NDS FUN		HOME	E. SAL	I.SBU	RY.MD.
	23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final									t,	Approximate Interval Between Onset and Death
	resulting in death) a. CEROBRAC HEPOSIA									12 House	
200	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):										12 way
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										YEARS
- 11	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I, 24s, WAS AN AUTOPSY 24b, WE									24b. WERI	E AUTOPSY FINDINGS
MEDICAL	PERFORMED? 1 VES 2 NO O								OF D	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 \(\square\$ NO	
TH TOICIMIT	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (C	heck only or	ne)			
ć	1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆		HER: Nursing Hor	ne 5 🗆 Residence	6 🗆 Othe	r (Specify)			
n L	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De		86. TIME OF INJURY	W	JURY AT ORK? YES 2 NO	28d. DE	CRIBE HOW I	NURY OCCUI	RED	
2	3 Suicide a Could not be determined	28e. PLACE Of building,	INJURY — At home etc. (Specify)	, farm, street	, tactory, offic	Co		ATION (Street a or Town, State)	ind Number or	Rural Route I	Number,
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.										
	29b. SIONATURE AND TITLE OF CERTIFIE	E- 13c	if us	>		29c. LICENSE NU	IMBER 223	2_	29d. DATE 3	-12	th, Day, Year) - 93
	20. NAME AND ADDRESS OF PERSON WITH RICHARD & - BIR	O MAN	TGO PU	T) (Type, Print	000	e 15-2	ey	Sru,	BUR	4, m	10812 01
6	NOV 1 5 1993	/	r's signature			10					

93 36036 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH ALFRED YEAR **HENRY** CORBIN PM 93 4. SOCIAL SECURITY NUMBER 6. AGE (In vrs. last hirthday) 7. DATE OF BIRTH MAR 23, 6. BIRTHPLACE (State or Foreign 212-12-3632 DUBLIN, MD. 1 🖄 M 2 🗌 F 77 DAYS HOURS 1916 Proms 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2316 GODDARD PARKWAY DIRECTOR SALISBURY WICOMICO RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. WICOMICO SALISBURY 1 TYES 24 NO FUNERAL 10a STREET AND NUMBER 101. ZIP CDDE 10g, CITIZEN OF WHAT COUNTRY? 2316 GODDARD PARKWAY 21801 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ND IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. It yes, specify Cuban, Maxican, Pt

1 YES 2 Y NO Specify: 1 Never Married 2 Married BY Spacific BALTIMORE, MARYLAND 21215-00 3 Widowed 4 Divorced BLACK nours after death. Page 6 may be retained by the hospital or attending 38 COMPLETED 15. DECEDENT'S EDUCATION pecify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION esn 16b. KIND OF BUSINESS/INDUSTRY (Soe during most of working College (1-4 or 5+) 7th CITY OF SALISBURY LABORER once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First Middle Maiden Sumame) funeral director, page 5 should be Ħ BE LEVI CORBIN CARRIE DOANE notified 19a, INFORMANT'S NAME (Type/Pris 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MARSIE CORBIN ADDRESS SAME AS ABOVE pe 20a. METHOD OF DISPOSITION

1 M Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, State must UNITED M. CH. 11-20 OAKSVILLE, MD CE 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY JOLLEY MEMORIAL CHAPEL RTE. 2, BOX 920 with SALISBURY MD. the attending physician and completely filled in by the Mental Hygiene prior to bunal. cremation, or removal. 21801 medical 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory strest, Approximate shock, or heart fallure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death the disesse or condition resulting in death) 24 executed within event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (Off AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in desth) LAST any Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS signed by the AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows a 1 YES 2 NO been t. of J PHYSICIAN: has be Dept. DR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATN (Check only one) this certificate has not with the State D **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF DEATH 28a. DATE DF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT marked, 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 1 YES 2 NO After t BY 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be DIRECTOR: / 28 4 Nomicide Hem 29a. CERTIFIER
1 CERTIFYING PNYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner se stated. HOSPITAL FUNERAL I IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER THE Pled 223 2 PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

> P32 ABBISTRAR'S SIGNATURE who Daydson-Randale

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	T. A CATO TO NAME (FIRST, MICK	crie, Last)			G.D.					2. DATE OF D		AY	YEAR	3. TIME OF DEATH
	LAWRENCE 4. SOCIAL SECURITY NUMBER		F s. sex	- 400 / 1	CAR			1		11			93	0400 M
	217-10-3669		M 2 🗆 F	6. AGE (In yrs. Inst	YRS.	MONTHS	DAYS	IF UNDER	MIN.	7. DATE OF B (Month, Day 06-04	y. Year)		DEL	AWARE
DIRECTOR	9a. FACILITY NAME (If not instituti PENINSULA REC	GIONAI		L CENTE	R	9b. CITY		ISBUE		ATH .		9c. COUNT		
3EC		b. COUNTY			10c. CIT	TY, TOWN C	OR LOCAL	TION						10d. INSIDE CITY
L DIF	MD .	WORC	CESTER			EI	DEN							LIMITS?
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B	1 Never Married 2 Marries 3 Widowed 4 Divorced	ried	FORCES? 1 GIVE WAY	YES 2 N	NO 1	1	If yes, sp	ecify Cubar	F HISPAN n, Mexican Specify	HC ORIGIN? (Sp n, Puerto Rican,	ecify Yea , etc.)	or No- 1	14. RACE Black, Specify	- American Indian, White, etc.
	15. DECEDE	NT'S EDUCAT	TION	16a. DE0	CEDENT'S	USUAL O	CCUPATIO	ON		16b. KINI	D OF BUS	SINESS/INDU	STRY	AATITIT
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MO	t7. FATHER'S NAME (First, Middle,	Last)		FIA	LIVI	CIVAIV	ICE			ME (First, Middle			AL .	HYDROLICS
	JODIE CA											.,		
) BE	19a. INFORMANT'S NAME (Type/P)			191	b. MAILING	ADDRES!	\$ (Street a			E TOR			Code)	
5	ALICE CA	AREY			6887	7 ME	ADO	WBRI		RD.	EDE	N, MI	D. 2	
	1 Buriel 2 Cremitton 3 4 Donation 5 Other (Spec	octfy)		20b. PLACEA cemetary, cren SPRI	matory or o	other place)			NDS.	11-20		EBRO		
	21. SIGNATURE OF PUNERAL SEP	RVICE LICEN	SEE	0		22.	NAME AN	ND ADDRES	S OF FAC					
	Detale	1 (1	Dale	mos		T I								SBURY, MD.
	23. PART I. Enter the diseas shock, or heart	taliure. Lis	inplications that a	caused the date on each line	ath. Do r	not entar	the mo	da of dyir	ng, such	as cerdiac o	or respli	ratory arres	st,	Approximate Interval Between
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1	resulting in death)	8	ACUTE CO	ONGESTI			KE							HOURS
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5	Sequentially list conditions, if any, leading to immediate			OR AS A CONSEQ			7 41 11	001.1		JUNUL				THE
<u>8</u>	cause. Enter UNDERLYING CAUSE (Disease or injury													
CERTIFICATION	that initiated events resulting in death) LAST		DUE TO (OR AS A CONSEQUENCE OF):											
		d.												
¥.	PART ii. Other significant co			eath but not re	esulting	In the un	derlylng	ceuse g	iven in l		WAS AN /			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
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M										_			1	1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEI	PICAL												
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H	27. MANNER OF DEATH	1.	26a. DATE OF IN	NJURY T	DOA 28b, TIM		alng Home		aldence (6 Other (Spe		- 1100 0001	750	
BY PI	t Natural 5 Pendi 2 Accident Invest	fing stigation	(Month, Day,	Ybar)		JURY	WO	RK?	NO	280. DESCRIBI	E NOW in	JUHY OCCU	RED	
- 10	3 Suicide 6 Could	d not be	28e. PLACE OF building, at	INJURY — At hon	me, ferm, s	street, fact	ory, office	1		261. LOCATION		nd Number or	Rural Ro	ute Number,
H	4 Homicide determ	mined		er (opoony)						City or Tow	m, Stare)			
1	29e. CERTIFIER (Check only	NG PHYSICIA	N: To the best of m	ly knowledge, der	ath occurr	ed at the ti	lma, data	and place,	and due	to the cause(a)	and man	ner as stated	1.	
COMPLETED														and manner as stated.
шШ	29b. SIGNATURE AND TITLE OF C	CERTIFIER	70 2 37 II	_				29c. LICE	NSE NUM	BER		29d. DATE S	BIGNED (Month, Day, Yeer)
10 B	John CC.	2	فتحلاله			TY M.	.E.	DC	3599	9)	11-1	6-93
4	JOHN T. BULKE						. תמר	SAT.7	regiji	DV. MAT		NID . 2'	1 201	
VA	31. DATE FILED (Month, Day, Year)	<u> </u>	32. REGISTRAR	'S SIGNATURE		ET IN	י ממינל	SHLI	2001	XI \ LIM	(I LIVI	ND / Z.	1001	
	NOV 1 7 1993	3	ra Davidse	on-Aandel	2									

(Z)	pertito Pages, J., 20.3 Should
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transi or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages J., 23.3 should hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

) THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	ourial-t	i filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1 - STATE REGISTRAR	STATE OF MARYLA		ITMENT OF ICATE OF			TAL HYGIEN REG. NO.	E	3 30030	
1	1. DECEDENT'S NAME (First, Middle, Last) Charles U	Cooper					ATE OF DEATH ONTH	18	75 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218 14 9100	5. SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 I	60N. (I	ATE OF BIRTH Month, Day, Year) GUST 15,		BIRTHPLACE (State or Foreign Country) MARYLAND	
~	9a. FACILITY NAME (If not institution, give a			9b. CITY, TOWN	OR LOCATION		,		Y OF DEATH	
DIRECTOR	BALTIMORE V.A. ME		BALTIM	ORE			BALTI	MORE CITY		
REC	10a. STATE 10b. COUNTY	Υ	10c. CIT	Y, TOWN OR LOCA	TION		10d. INSIDE CITY LIMITS?			
	DELAWARE SUSS 100. STREET AND NUMBER	M	ILLSBOR	O M. ZIP CODE		1 TES 2 X NO				
ERA	RT. 3 BOX W15		100	19966		USA	N OF WHAT COUNTRY?			
FUNERAL	11. MARITAL STATUS 1 X Never Married 2 Married	U.S. ARMED 2 NO	13, WAS DE	CENDENT OF H	dexican, Pu	RIGIN? (Specify Yes		1. RACE — American Indian, Black, White, etc. Specify:		
D BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DAT	II			т			WHITE	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of title. Do NOT us	USUAL OCCUPAT work done during m re retired.)	ON ost of working		16b. KIND OF BUS	SINESS/INDU	STRY	
MP	11			FARMER			AGRICUL	TURE		
	17. FATHER'S NAME (First, Middle, Last)						irst, Middle, Maiden	Surneme)		
BE	HENRY T. COOPER 190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		MAE D.	AVIS Number, City or Town	n State Zin C	ortel	
٩	HARRY T. COOPER						O, DELAW		19966	
	20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State camet	PLACE AND DATE	OF DISPOSITION (A	ame of		DATE 20c. LO	CATION — CH	ry or Town, State RDS, MARYLAND	
	21. SIGNATURE CONTINERAL SERVICE LIC		COOLER		NO ADDRESS	1 0		WILLIA	KDS, MARILAND	
	Karly W.	Harry		HASTI	NGS FUN	VERAL	HOME, S	ELBYV	ILLE, DE. 19975	
	23. PART L. Enter the diseases, or cashock, or heart failure.	complications that caused to List only one ceuse on each	the death. Do i	not enter the m	ode of dying,	, such as	cardiac or respi	ratory arres	t, Approximate interval Between	
	immediate cause (Final disease or condition resulting in death)	Mycoard	IN/ B	rfact	lon,				Onset and Death	
NO	disease or condition a. My CA A) A DA ACONSEQUENCE OF): Sequentially list conditions, Due TO (OR AS A CONSEQUENCE OF):									
SATI	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e.	JONISE GOENCE O	r).						
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (DR AS A C	CONSEDUENCE O	F):						
L C	PART II. Other significent condition	s contributing to deeth but	t not resulting	In the underlyis	g cause give	en in Part	1. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS	
DICAL	NOW13.						PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MED									1 [] YES 2 [] NO	
IAN:	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEAT	H /Check on	Av one)			
Sic	EXAMINER?	HOSPITAL: 1 Linpetient 2 ER/Outpet	Nent 3 DOA	OTHER:			12-4 0-6-5			
PH	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	JURY AT DRK?		DESCRIBE HOW IF	NJURY OCCU	RED	
84	2 Accident Investigation	28s. PLACE OF INJURY -	- At home, ferm.		YES 2 N	_	LOCATION (Street &	and Mumber of	Rural Route Number.	
TED	4 Homicide B Could not be determined	building, etc. (Specify	y)				City or Town, State)	THO THOMASON OF	rarai rione rumber,	
COMPLETED		CIAN: To the best of my knowled								
BE C	296. SIGNATURE AND TITLE OF CONTIFIER	n-Mach e	TAIR		29C LICENS	E NUMBER		29d. DATE S	SIGNED (Morith, Day, Year)	
10 8	30. NAME AND ADDRESS OF PERSON WA	1 / WHEN-1	IVO.	(Defeat)	(Resp	Ent/		11/	18/93	
.	- 11 11 1					n 11	ore, Mer	1		
5	31. DATE FILED (MARK, Day, Year)	232. REGISTRAR'S SIGNAT	225.6	reen St	1, 8	AM	ore, Mer	4/AM	0 21201.	

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - FOR STATE REGISTRAR	STATE OF I	WARYLAN	D / DEPAR					MENTA	HYGIEN REG. NO.	_	33	36039
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH			3. TIME OF DEATH
	Clara Mae			Car	+121V	dan	+		NON	ember		YEAR	915A
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	-	R 1 CAR	IF UNDER	IF UNDER 24 HRS. 7. DA		OF BIRTH	++,-	8. BIRTH	PLACE (State or Foreign	
	218-12-1668	1 🗌 M 2XXF	70	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year)	1923	Countr	y)
	9a. FACILITY NAME (If not institution, give s	treet and number)	and number)			9b. CITY, TOWN OR LOCATION OF DEAT				ber 1,	NTY OF D	th Carolin	
	PENINSULA REGIONA	I MEDICA	CENT	רם		CAT	ISBU	DV				COMIC	
	RESIDENCE OF DECEDENT	L MEDICA	L CENT	LK		SAL	TODU	K I			MI	COMI	30
1	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
1	Maryland W	icomico		S	alis	bury							1 YES 2 NO
	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CIT	IZEN OF V	HAT COUNTRY?
ĺ	1208 Parsons Rd.						21	801			US.	A	
١	11. MARITAL STATUS	12. WAS DECEDEN								N? (Specify Yea	or No-	14. RACE	- American Indian,
ı	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1					ecify Cubi			Rican, etc.)		Black Speci	, White, etc.
ı												wh	
1	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	164	Give kind of	work done	during mo	ON est of working	na	16	b. KIND OF BUS	SINESS/INI	DUSTRY	
I	Elementary/Secondary (0-12)	College (1-4 or 5	· .	ille. Do NOT u									
ı	12	2		bookke	eper					bank			
ı	17. FATHER'S NAME (First, Middle, Last)						1			Middle, Malden	Surneme)		
ı		York					St	ella	(unk)	Pat	ters	on
ı	19a. INFORMANT'S NAME (Type/Print)									nber, City or Town			
I	L. Edward Cartwri	ght		1208	Par	sons	Rd.	, Sa	<u>lis</u> b	ury, M	D 21	801	
	20a. METHOD OF DISPOSITION 1 General Surface Surface 4 Donation 5 General Surface Surf	oval from State	cemetar	ACE AND DATE	ther place)				OAT			City or To	
ì	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER /	- 1 Sal	isbury			TY ND ADDRE	CC OF EN	11/	22 Sa	lisbu	iry,	MD
I	1///	1/011	,							1 Home			
J	W.Kahud	fallo	cea	4								urv.	MD 21801
Ì	23. PART I. Enter the diseases, or o	omplications tha	t caused the	death. Do	not entai	tha mo	de of dy	ing, suci	h aa car	diac or respi	ratory an	rest,	Approximate
l	shock, or haert failure. IMMEDIATE CAUSE (Final	List only one cau	ise on eech	line.									Onset and Deat
Ì	disease or condition resulting in death)	deh	udal	ion									several
ľ	resolding in dealth)	DUE TO	(OR AS A CO	NSEQUENCE O	F):								week
l		Par	Kinca	nicon									
ĺ	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE O	F):								
ı	cause. Enter UNDERLYING CAUSE (Disease or Injury	se se	Lyune	deson	de								
ľ	that initiated events	DUE TO	(OR AS A CO	NSEGUENCE O	F):								
ŀ	resulting in death) LAST	d											
ı	PART II Other elanificant condition	e contribution to	do oth hut a		1								
ı	PART II. Other significant condition	a contributing to	death but n	lot resulting	In the u	ndariying	g cause (given in	Part I.	24a, WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ı									_	1 TES 2	NO		COMPLETION OF CAUSE OF DEATH?
													1 YES 2 NO
ĺ													
l	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	WOODING					ACE OF D	EATH (Che	ock only o	ne)			
	1 TES 2 NO	HOSPITAL:	ER/Outpatier	nt 3 □ DOA	OTHE		e 5 🗆 Re	sidence	6 🗆 Othe	er (Specify)			
	27. MANNER OF OEATH	28e. OATE OF (Month, D		28b. TiM		28c. INJ				SCRIBE HOW IF	NJURY OC	CUREO	
	1 Natural 5 Pending 2 Accident Investigation	(monut, D	-,,)	1	M		res 2	NO					
	3 Suicide 6 Could not ba	28e. PLACE O	FINJURY - A	It home, term,	street, tac	tory, office	•		28t. LOC	CATION (Street a	nd Number	or Rural A	oute Number,
-	4 Homicide determined	Sumoning.	(opocity)						City	or Town, State)			
п	20a CERTIFIER						_						

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PRMC

VIA J WW

icha Tavidson-Randell

29c. LICENSE NUMBER
030853

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perrop filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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31. DATE FILED (Month, Day, Year)
NOV 2 3 1993

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020	ath. Page 6 may be retained by the hospital or attending physician.	uneral director, page 5 should be detached for use as the burial-transit permi
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TO BE COMPLET	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for us	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us
or death. Page 6 may be retained by the hospital or	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hospital or :

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	93	36041
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_	REGISTRAR		OLITIII	ICATE OF DEATH		REG. NO.									
	1. DECEDENT'S NAME (First, Middle, Last)			4	2. DATE MONTI	OF DEATH	year 3. TIME OF DEATH								
	LEONARD			CINNO		Em Stil 23									
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 I	IRS. 7. DATE (Monti	OF BIRTN o, Day, Year)	8. BIRTHPLACE (State or Foreign Country)								
- 7	214-14-8229	D(M 2 F	85 YRS.			4-09-1908 Maryland									
~	9a. FACILITY NAME (If not institution, give	atreet and number)		9b. CITY, TOWN OR LOCATION	9c. COU	DUNTY OF DEATH									
DIRECTOR	PENINSHIA REGIONA	I. MEDICAL	CENTER	SALISBURY	WI	WICOMICO									
EC	10a. STATE 10b. COUNT	ТҮ	10c. CITY	Y, TOWN OR LOCATION			10d, INSIDE CITY								
HIG	Md. Wic	omico	2	Lisbury	•		LIMITS?								
	10e. STREET AND NUMBER	Omcco	1 50	101. ZIP CODE		10g, CITI	ZEN OF WHAT COUNTRY?								
FUNERAL	6464 Riawakin	ก		21801			// C 4								
N	11. MARITAL STATUS		T EVER IN U.S. ARMED	13. WAS DECENDENT OF H	ISPANIC ORIGIN	? (Specify Yea or No	14. RACE American Indian								
	1 Never Married 2 X Married	FORCES? 1 IF YES, GIVE W	YES 20 NO	If yes, specify Cuban, k			14. RACE — American Indian, Black, White, etc.								
В	3 Widowed 4 Divorced	1 120, 0112 1	All Oll BATES	TO TES 2 DE NO	эрвсну.		spowhite								
ETED	15. DECEDENT'S ED (Specify only highest grad	UCATION to completed	16a. DECEDENT'S	USUAL OCCUPATION york done during most of working	16b	KIND OF BUSINESS/IND	USTRY								
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5 +	Min Do MOT un	e retired.)			100								
F	10		Salesn	nan		Bread Co									
COMPL	17. FATHER'S NAME (First, Middle, Last)				'S NAME (First, I	Aiddle, Maiden Sumame)									
BE (Thomas C	inno	HE31	Man	ie Zi	to									
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or			Code)								
F	Lillie A Cinn	0	Sam	ne as 10.											
	20s. METHOD OF DISPOSITION 1 Duriel 2 Compton 3 Rec		20b. PLACE AND DATE O	OF DISPOSITION (Name of	DAT	E 20c. LOCATION -	City or Town, State								
	4 Donation Other (Specify)	moval from State	engletery, crematory or of	meteru	111	136 Habra	n Md								
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	0/	22. NAME AND ADDRESS	OF FACILITY	AU HEURO	, m.								
1	Deliner (An	Mex	0 , 7		" 0									
	22 FART I Enter the discourse on	named Bookless of the		Dounds Fu	nenal	Home, Sa	Lisbury. Md.								
- 1	shock, Dr heart fellure	List Dnly one cau	23. FART 1. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, pr heart fellure. List pnly one cause on each line.												
- 1							Interval Between								
- 1	IMMEDIATE CAUSE (Final	4 4	4.	0 +	n	1 - *	Onset and Death								
	disease or condition resulting in death)	My	ocepdi	al Int	anc	tion	Onset and Death								
	disease or condition	a. My	OCEP DE OPROPRIED OF	al Inf	anc	tion	Onset and Death								
NC	disease or condition resulting in death)	a. My DUE 30 b. An 7	OCERSION CONSEQUENCE OF		Hear	tion tion	Onset and Death								
NOIL	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b. Due to	OR AS A CONSEQUENCE OF		ar c	tion tion	Onset and Death								
ICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	a Ari	OCEPSION OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF	elerosia	ar c	tion of Pise	Onset and Death								
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a Ari	OCERSION CONSEQUENCE OF	elerosia	Hear	tion of Pise	Onset and Death								
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury	a Ari	OCEPSION OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF	elerosia	ar c Hear	tion of Pise	Onset and Death								
L CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSEQUENCE OF	elerosio		24e. WAS AN AUTOPSY	Onset and Death								
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEQUENCE OF	elerosio		24a. WAS AN AUTOPSY PERFORMED?	Oneet and Death 3 Clary ALL 24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE								
EDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEQUENCE OF	elerosio		24e. WAS AN AUTOPSY	Oneet and Death 3 Clary ALL 24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
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MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEQUENCE OF	n the underlying cause give	on in Part I.	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Oneet and Death 3 Clary ALL 24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d. DUE TO	OCEP DIO (OR AS A CONSEQUENCE OF LOR AS A CONSEQUENCE OF COR AS A CONSEQUENCE OF death but not resulting I	n the underlying cause give Tarily 26. PLACE OF DEAT	on in Part I. ML H (Check only on	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Oneet and Death 3 Clary ALL 24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								
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PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the cause of the	d. DUE TO	ICR AS A CONSEQUENCE OF COR	The underlying cause give the underlying cau	H (Check only on 28d. DES	24e. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	Oneet and Death 3 Clary All Lake PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the cause conditions of the cause cau	DUE TO DUE TO	(OR AS A CONSEQUENCE OF COMMENT O	The underlying cause give the underlying cause give the underlying cause give the underlying cause give the underlying cause give the underlying cause give the underlying	H (Check only on pence 6 Other	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO (a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Oneet and Death 3 Clary 24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	DUE TO DUE TO	(QR AS A CONSEQUENCE OF CONTROL OF CONTROL OF CONSEQUENCE OF CONTROL OF CONTR	The underlying cause give the underlying cause give the underlying cause give the underlying cause give the underlying cause give the underlying cause give the underlying cause give the underlying cause give the underlying the underlying the underlying the underlying cause give	H (Check only or pence 6 Other 28d. LOC City of due to the case at the time, date	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 (Specify) CRIBE HOW INJURY OCC ATION (Street and Number or Town, State)	Oneet and Death 3 Clary All Stary 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO CURED or Rural Route Number,								
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AT THE OT AT LEADING THE STATE OF THE STATE OF THE STATE OF THE POST OF THE PO	NERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		
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	B	thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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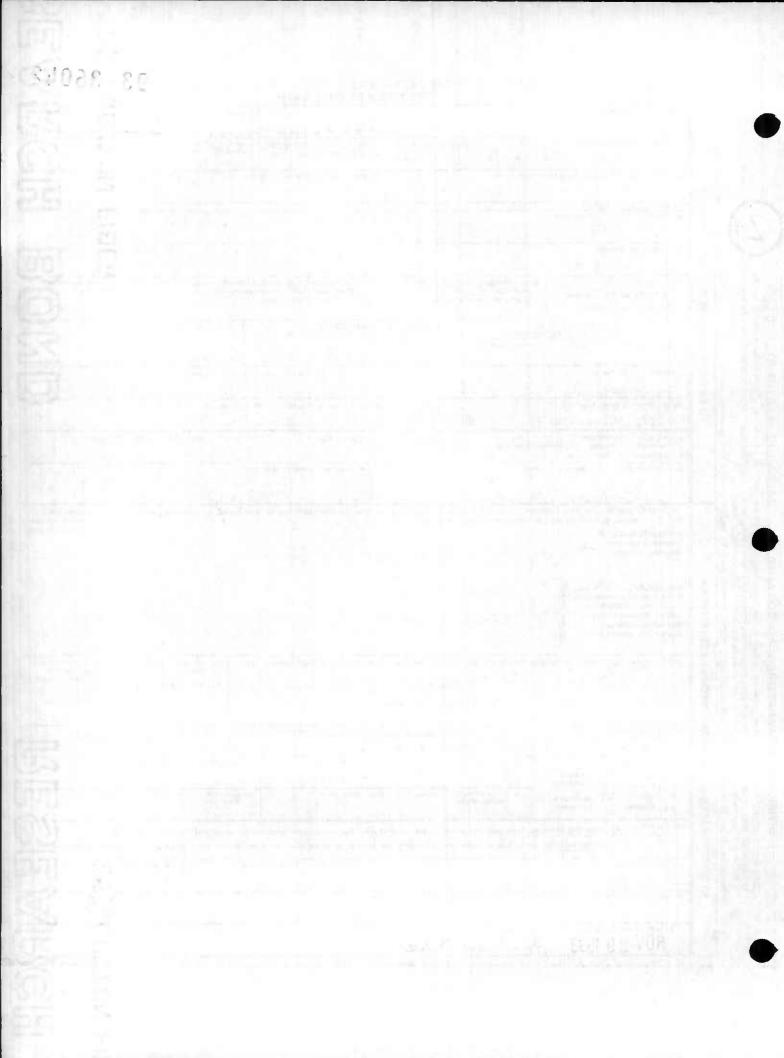
	FOR STATE REGISTRAR		STATE OF I	MARYL					EALTH DEAT		MENT	AL HYGIE!		93	36	5041
		RONA	LD CHRI	STO	PHER						2. DATE OF DEATH DAY YEAR 3. TIME OF DEATH NOW, 24 1993 2:10 A					
	4. SOCIAL SECURITY NUME 214-42-11		5. SEX		(In yrs. last t		#F UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DAT	E OF BIRTH oth, Day, Year) 2 - 28 - 4	3	8. BIRTH Country S	PLACE (STAN	or Foreign BURY, N
	9a. FACILITY NAME (If not institution, give street and number) SALISBURY NUIDSING & PEHAB CENTER RESIDENCE OF DESERTED.							96. CITY, TOWN OR LOCATION OF DEATH SALISBURY, MD. WICOMICO								
	10a, STATE MD.	10b. COUNTY												10d. INSIDI	1.00	
									. ZIP CODI				10g. CI	TIZEN OF W	HAT COUNT	
	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES IF YES, GIVE WAR OR DATES AND IF YES, GIVE WAR OR DATES					ED	16	yes, spe	ENDENT O	F HISPAI	n, Puerto	IN? (Specify Ye Rican, etc.)	s or No—	14. RACE Black	- America , white, etc.	
	(Specify only Elementary/Secondary (0	EDENT'S EDUC y highest grade 0-12)	CATION completed) College (1-4 or 5 -	·)	(Give		ork done d retired.)	uring mo:	st of workin		16	ib. KIND OF BU				
	12 17. FATHER'S NAME (First, M.		HRISTOP		00.	MPU.	LEK	OPI	18. MOTI	IER'S NA		HOSP	Sumame)	-,-		
	190. INFORMANT'S NAME (7) DINAH H	ype/Print)		HEK	196.	MAILING A	ADDRESS 2 E.	(Street a	nd Number ANIE			R MAE			MD.	21849
	20e. METHOD OF DISPOSITI		oval from State	20b.	PLACE AN	D DATE OF	of DISPOSITION (Name of Other place) DATE 20c. LOCATION — City or Town, State 11-26 HEBRON, MD.									
21. SIGNATURE/OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FAC BOUNDS FU									CILITY					RY,MD.		
	23. PART I. Enter the diseases, of complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):										rai Between t and Death					
	PART II. Other algorificant conditions contributing to death but not resulting							iarlying	cause g	ilven in	Part I. 24s. WAS AN AUTOPSY PERFORMED?				WERE AUTO AMAILABLE I COMPLETION OF DEATH? 1 YES	N OF CAUSE
	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	D MEDICAL	HOSPITAL:	ER/Outpo	atient 3 🗆	DOA A	OTHER	:	ACE OF DI			one) er (Specify)				
1		Pending Investigation	28a. DATE OF (Month, D.		1	286. TIME INJUI	OF :	28c. INJU	JRY AT			SCRIBE HOW	INJURY O	CCURED		
l	3 Suicide 6	3 Suicide 6 Could not be 26a. PLACE OF INJURY — At home, farm, building, stc. (Specify)					reet, facto	ry, office			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
			CIAN: To the best of R: On the beals of a												and manne	r on stated.
	29b. SIGNATURE AND TITLE OF CENTERS						29c. LICENSE NUMBER 29d. DATE SIGNED (Morrith, Disp					Moint. Day.	Years 3			
	30. NAME AND ADDRESS OF	Rob	COMPLETED CAUSE 1 US M. 32. REGISTRA	D 1.	104 н			DR	IVE,	SAL	ISBU	JRY, MI	21	.801	77	
	NOV 2			Davids	on-Ra	ndell									_	MH-16 Rev 1/89

O. BOX 68760, BALTIMORE, MARYLAND 21215-002	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within four after death. Page 6 may be retained by the hospital or attending physician processing the property of the second of the processing of the property	TO THE PUNEMAL UNEXUON, AND THIS COUNTAIN HIS OPEN SOUTH OF UNIT ALTERNATING PROPOSED IN THE STATE OF USE AS THE DUTY OF THE WIGHTH TO COUNTAIN THE COUNTY OF THE COUNTY O	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the dea	TO THE FUNETAL DIRECTOR, which has been signed by the attending physicial and compared line on by the be filed within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury,	

STATE OF	MARYLAN	ND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEI	N
		CE	RTIFICATE	0	F DEAT	H		REG. NO	0.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.	93	36042
	1. DECEDENT'S NAME (First, Middle, Lest) ALBERT W.				SER	2. DATE OF DEATH DAY NOVEMBEA	1993	
	4. SOCIAL SECURITY NUMBER 222 03 1195	1 № M 2 🗆 F 73	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTIN (Month, Day, Year) 1-6-1920		THPLACE (State or Foreign ntry)
TOR	98. FACILITY NAME (# not institution, give s PENINSULA REGIONA RESIDENCE OF DECEDENT		ENTER		SBURY	EATN	WICOM	
DIRECTOR	De . 10e. COUNTY	SUSSEX	10c, CITY	TOWN OR LOCAT	LAUREL	A PH		10d, INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER RD#2 Box 179A			101	19956		USA	WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT, EVER I FORCES? 1 \(\tilde{\text{L}} \) YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		NIC ORIGIN? (Specify Yea or an, Puerto Rican, etc.) y:	Ble	CE — American Indian, act, White, etc.
COMPLETED	15. DECEDENT'S EQU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a. DECEOENT'S (Give kind of water Do NOT use Power Se	ork done during mo retired.)	st of working	E. I. Dul		
BE COM	17. FATHER'S NAME (First, Middle, Last) Clarence E. Clou	ıser			16. MOTHER'S NA Amy E1	ME (First, Middle, Melden Su Len Kenney (mame) Clouser	
10	19a. INFORMANT'S NAME (Type/Print) Albert Clouser,		RT#2	Box 1794	Laurel	, De. 19956	State, Zip Code)	
	20s. METHOD OF DISPOSITION 1X Burlet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		petery, cremetery or off St. Steph	ens Ceme	tery	11-30 Del	mar, D	
	21. SIGNATURE OF FUNERAL SERVICE LIC	M. Hort	7	Short		Home, Inc. Delmar, De.	19940	
	23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on e	d the death. Do neach line. (NTORY A CONSEQUENCE OF	ot anter the mo	da of dying, suc	h as cardiac or respirat	ory arrest,	Approximata Interval Between Onset and Death
NO	Sequentially list conditions,	a LUNG	CAWC	ER				3 DAYS
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AL	PART II. Other significent condition PREVIOUS	ea contributing to deeth to PASUMONE CANKER	out not resulting le	the underlying	g cause given in	Part I. 24e. WAS AN AU PERFORME	ED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
BY PHYSICIAN: MEDIC	con	CANKER	1985					OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 A Inpatient 2 - ER/Out	petient 3 DOA	OTHER:	ACE OF DEATH (Ch	6 Other (Specify)		
зу РН	27. MANNER OF DEATH 1 (X) Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 28c. INJ		28d. OEŞCRIBE HOW INJI	JRY OCCURED	
	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, farm, s cify)	treet, fectory, offic		28t. LOCATION (Street and City or Town, State)	Number or Rure	l Route Number,
COMPLETED	one) 2 MEDICAL EXAMINE	CIAN: To the best of my know ER: On the basis of examination						e(a) and menner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	flo			20c. LICENSE NU		ed. DATE SIGNS	ED (Month, Day, Year)
_	30. NAME AND ADDRESS OF PERSON WHO	IMPSON-100	E. Carro	Print) 11 St.	Salish	ury Md, 21,	301	
	31. DATE FILED (Morith, Day, Year) NOV 2 9 1993	32. REGISTRAR'S SIGN	IATURE					8 36

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	4. SOCIAL SECURITY NUMBER 333-01-5353	A	In yrs. last birthday)	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Pay Ybar) 10-17-19	09	BIRTHPLACE (State or Foreig Country) De.
NO.	99. FACILITY NAME (If not institution, given PENINSULA REGIONA	etreet end number)	NTER		OR LOCATION OF D		9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT	~	40.00					
DIRECTOR	Md. Wicon	•		ry, town on Loca Delmar	KITON			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10e. STREET AND NUMBER			10	of. ZIP CODE		10g. CITIZEI	N OF WHAT COUNTRY?
ER	29935 Foskey Lane	e			21875		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, OIVE WAR OR DO	2 X NO	If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	on or No— 14	RACE — American Indian, Black, White, etc. Specify: White
ED	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	S USUAL OCCUPAT work done during m	ION	16b. KIND OF BU	JSINESS/INDUS	
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)	out or working			
COMPL	AT CATHERIO MANE (C) A Addd a law	2	Homema	aker	1		Home	
	17. FATHER'S NAME (First, Middle, Last) Harry Linwood Phi	illing				AME (First, Middle, Meide Hastings P		c
2	190. INFORMANT'S NAME (Type/Print)	TITIPO	19b. MAILING	O ADDRESS (Street		Route Number, City or To	-	
2	Robert H. Phillip	os				n, Md. 218		
	20e, METHOD OF DISPOSITION 1 Derial 2 Cremation 3 Ren	206	PLACE AND DATE	OF DISPOSITION (A	lame of			y or Town, State
	4 Donation 8 Other (Specify)	W W	icomico	Memoria	1 Park	12-1 Sa	lisbur	y, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	/		Funeral	Home, Inc.		
- 2	William 1)	1. Akor				Delmar, De	. 19940	0
	23. PART I. Enter the diseases, or shock, or heart fallure	complications that codes List only one cause on e	the deeth. Do	not enter the m	ode of dying, su	ch se cardiac or resp	piratory arres	t, Approximate
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	disease or condition	· Acute Rev	1al Fa	ilare				1210
	resulting in death)			-				a cui
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE	OF):				a cal
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ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Anemia	CONSEQUENCE C	OF):				1 wk
IFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. ANCMIR DUE TO (OR AS A OUE TO (OR AS A C. DUE TO (OR AS A	CONSEQUENCE C	0F): 0F): 0F):				1 wk
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

31. DATE FILED (Month, Dey, Year)

NOV 2 9 1993

32. REGISTRAR'S SIGNATURE

Tie Davidson-Randell

1 - FOR STATE REGISTRAR

K 68760,
BOX
P.0
RECORDS,
OF VITAL
DIVISION

		1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH DATE OF	AY	YEAR	3. TIME OF DEATH
		Rosalie				Cart	er		Nov. 29	1993		7:25 A.M
		4. SOCIAL SECURITY NUMBER		E (In yrs. les		IF UNDER		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		B. BIRTHP Country)	LACE (State or Foreign
D		213-18-4970	1 🗆 M 2 😾 F	6	9 YRS.	MONTHS	DAYS	HOURS MIN.		1924		
3 should	_	9a. FACILITY NAME (If not institution, give s	reet and number)			9b. CITY,	TOWN (OR LOCATION OF DE		9c. COUNT		
23	DIRECTOR	Memorial Hospital	at Easton			Ea	stor	1		Talb	ot	
16) Di	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCAT	ION			T.	10d. INSIDE CITY
12	E .	MARYLAND TAL	рОт									LIMITS?
		10e. STREET AND NUMBER	ВОТ		L ST	. MI	CHAF	ZIP CODE		10c CITIZ		YES 2 NO
/ 1	FUNERAL	215 DODSON AVENU	F				1,	1663				
er A	3	11. MARITAL STATUS	12. WAS DECEDENT EVE			13. \	AS DEC	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yea		4. RACE -	TATES - American Indian,
6.8	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE		10			ecify Cuben, Mexica 2 NO Specify	n, Puerto Rican, etc.)		Black, Specify	White, etc.
S S		21										BLACK
報義	ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	CEDENT'S two kind of v Do NOT us	vork done o		ON st of working	16b. KIND OF BUS	SINESS/INDU	STRY	
pital o	P	Elementary/Secondary (0-12)	College (1-4 or 5+)		HOUS		משמי		DOMEST	TO		
the hospital detached to	COMPL	17. FATHER'S NAME (First, Middle, Last)			11000	L KEI	T LIK		ME (First, Middle, Maiden			
5 8 6	lш	JAMES ALLEN							B. WILLIAM			
5 should	B	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a		Route Number, City or Town		Code)	-
6 may be retained by the hospit ctor, page 5 should be detached nust be notifier at once.	5	KAREN CALDWELL							ICHAELS, M			21663
may be		20a. METHOD OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo	nesi from State	Ob PLACE	AND DATE (DE DISPOSI	TION (No	ma of	DATE 20c LO	CATION - C	tu on Town	n Ctota
0 0		4 Donation 5 Other (Specify)		THOMA	S ME	MORIA	L C	EMETERY	DEC.4,1993	, ST.	MICH	AELS, MD.
eral c		21. SIGNATURE OF FUNERAL BERYING TIC	ENSEL			22. 1	AME AN	ID ADDRESS OF FA	BENNIE	SMITH	FUN	ERAL SERV.
nours after death. Page 6 may be d in by the funeral director, page or removal. medical examiner must be		1///				-Ps.	0.	BOX 1687	, EASTON,	MARYL	AND,	21601
E 3 % at		23. PART I. Enter the diseases, or o	omplications that cous	ed the de	ath. Do n	ot enter	tha mo	de of dying, suc	h as cerdiac or respi	ratory arre	nt,	Approximate
		shock, or heart fellure. (lat only one cause on	esch line				1				Interval Batwee Onset and Deat
		disease or condition resulting in death)	· Resni	15	Foo			100	4 40			100
			DUE TO (OR A	A CONSEC	DUENCE OF	7:	- 8	Sec.	1	1 4		1
and con burial,	S S	Sequentially list conditions,		mo			1	Les &	Coures	Lob	2	108.
ie be executi sician and c orfor to buris traumatic	CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEC	DUENCE OF	ን:		U				
Phy phy		CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	A CONSEC	DUENCE OF	ī:				-		-
으로 =	CERTIFI	resulting in deeth) LAST				,						j
= = =	ᄬ	2127 11 211 11 11 11	•									1
100 1	DICAL	PART II. Other significent condition	^						DEDECO			VERE AUTOPSY FINDINGS MAILABLE PRIOR TO
signed Health	EDIC	HSCA 17 5	Clash	20	na	los	(liseas	1 YES 2	NO		OMPLETION OF CAUSE OF DEATH?
\$ 5 G	Σ	- c dh	mie b	rain	P	m	us	en			1	YES 2 NO
Dept.	AN	25. WAS CASE REFEREND TO MEDICAL	my fetz	0 p	100	im	19	astrotom	ytupo.			
N: The law icate has I State Dept Item 23	SICI	EXAMINER?	HOSPITAL:			OTHER	:	ACE OF DEATH (Che				
certification the	PHYS	27. MANNER OF DEATH	26a. DATE OF INJUR		26b. TIMI		ng Hom 28c. INJ	e 5 Residence	6 Other (Specify) 28d. DESCRIBE HOW II	HIIDY OCCI	DED	
OH ALLENDING PHYSICIAN: The law DIRECTOR: After this certificate has bhours after death with the State Dept. Item 28 is marked, or Item 23:		Natural 5 Pending Investigation	(Month, Day, Year)	INJ	URY	WO	RK?	Let. DESCRIBE NOW IF	NON1 OCCU	HED	
L. Afte	D BY	# Accident investigation Suicide 6 Could not be	28e. PLACE OF INJU	RY — Al ho	me, farm, a	treet, fecto	ry, office		26f. LOCATION (Street e	ind Number of	Rural Roc	ite Number,
S after	ETEI	4 Homicide determined	building, etc. (S)	оесну)					City or Town, State)			
DIRECT HOURS	굽	294. CENTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my kni	owledge, de	ath occurre	d at the tir	ne, data	and place, and due	to the cause(s) and man	ner as stated		-
FUNERAL WITHIN 72 P	COMI		: On the beals of examine									ind menner ea stated.
TO THE HOSPIT TO THE FUNERA DE filed within 7	E C	290 SIGNATURE AND TITLE OF CERTIFIER	/ 4	1				29c. LICENSE NUN				fonth, Day, Year)
THE SE SILE	m	MOTT	Later	N)	mJ			Da 2	87-1	Nov	0.4	9 1993
	٤	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	PEATH (ITEN	4 27) (Type,	Print)		12 C	M. C	1000	1	12013
		ALIBERT T.	DAWI	ZIN	5	IR		200	GAN IN	ANA	10	D 21 41
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SK	-					3 1 7 7	-	K13/W	y Heal
1		DEC 2 1993	- wardson-	fandes						1		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

93 36044

DHMH-16 Rev 1/89

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T OF

DIVISION OF VITAL RECORDS, F.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a found at the death carbon and the second within the law requires that the death carbon physician and completely filled in by the funeral director, page 5 should be detached for use as the burial, the filed within 27 hours after death with the State Bear of Haalih and Mantal Hospite or for to burial, cremation, or removal.
IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

STATE OF MARYLAND / DEPARTMENT OF CERTIFICATE OF		93	3604
	2 DATE OF DEATH		1 TIME OF DEATH

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last))		ERTIFI					REG. NO		4	3. TIME OF	DEATN
TDA ADELE (TOUTEZ						17	25/93	DAY	YEAR	1342	~
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	at birthday)	IF UNDER	1 YEAR	IF UNDER 24 HRS.	7, DATE	OF BIRTH		a. BIRTI	PLACE (State	or Foreign
214-52-8645	1 🗆 M 2 🖫 F	8	2 YRS.	монтив		HOURS MIN.	Jan.	15,			Maryla	and
Da. FACILITY NAME (If not institution, give						LOCATION OF D			9c. COUN			
CALVERI' MEN RESIDENCE OF DECEDENT	MORIAL HOSPI	TAL		F	rince	Frederic	<u> </u>			alver	t	
10a. STATE 10b. COUNT	TY		10c. CITY	r, TOWN O	R LOCATIO	N					10d, INSIDE	CITY
Maryland Cal	lvert			Dur	nkirk						1 YES	
10e. STREET AND NUMBER					10f, Z	ZIP CODE			10g. CITIZ	ZEN OF 1	WHAT COUNT	RY?
2950 Chaney Roa	ad					20754				US	A	
11. MARITAL STATUS Never Married 2 Married 3 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WI	YES 2 X		91	f yes, speci	NDENT OF NISPA Ify Cuben, Mexic NO Speci	an, Puerto		s or No—	14. RACI Blac Spec	E — American k, White, stc.	
	1	I									Dia	- K
15. DECEDENT'S EDI (Specify only highest gred	de completed)	(G	CEDENT'S live kind of w Do NOT us	vork done d	during most	of working	16	b. KIND OF BU	JSINESS/INDI	USTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+))	omest	-								
17. FATHER'S NAME (First, Middle, Last)					1	16. MOTNER'S N	AME (First.	Middle, Maider	Surname)			
Henry	Tasker					Fani			,	Dor	sey	
9a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street and	f Number or Rural	Route Nun	nber, City or Tox	vn, State, Zip	Code)		
Ruth Dorsey			P.O.	Box	261	Upper M	Mar1	oro, 1	MD 207	773		
0a. METHOD OF DISPOSITION	manual days State	20b. PLACE					DA	TE 20c, L.0	DCATION — C	City or To	own, Stata	
Donation 5 Other (Specify)	moval from State	cemetery, cre	er s	Chr.	. Cem	. 11/3	30/93	F:	riends	ship	, MD	
1. SIGNATURE OF FUNERAL SERVICE L	JCENSEE			22 1		ADDRESS OF F	ACILITY			4		
N				22.1	NAME AND			ewell	Funer	^a l	Home	
23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one ceus	ae on each line).	14 not anter	451 D	ares Be	each	Rd. Pr	Piratory arre	Fre	d., Mi	oximate
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	1 - FOR STATE REGISTRAR	STATE OF MARY				HEALTH AND	MENTA	AL HYGIEN		3 3	36046	5
1	1. DECEDENT'S NAME (First, Middle, Lest) Amy Ardella Coates						2. DAT	E OF DEATH	WY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER				-1111-0-11-0-1			vember	16,	1993		M
5			(In yrs. last birth	MONTH	DAYS	F UNDER 24 HRS. HOURS MIN.	(Mor	E OF BIRTH		Country)		
	9a. FACILITY NAME (If not institution, give stre		97		TY TOWN	OR LOCATION OF I		rember	25.	1.895	<u>Delaware</u>	5
DIRECTOR	Elkton's Union Hos				Elkt					Cecil		
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	Maryland Ceci	1		Cec	ilto						1 X YES 2 N	10
FUNERAL	136 Wilson Street					f. ZIP CODE			2004		HAT COUNTRY?	
NE						1913			U.S			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	IN U.S. ARMED S 2) NO DATES	10	If yes, a	DECITY Cuben, Mexic S 2 NO Spec	ANIC ORIG can, Puerto ://y:	iN? (Specify Ye Rican, etc.)	a or No—	14. RACE- Black, Specify: Blaci		19
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION propieted	16a. DECEDE			ON ost of working	16	6. KIND OF BU	SINESS/IN			
LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do M	OT use retired)	ost or working						
MP	5		Cook					Domest				
8	17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S N			,			
BE	Douglas Griffin 19a. INFORMANT'S NAME (Type/Print)		40. 100			Wilamow	vice	Callah	an			
5	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Edna Elizabeth Gatewood 120 Church Street, Cecilton, Maryland 21913									1010		
	20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION/Name of DATE 20c. LOCATION — City or Town Steen											
	1 N Burlei 2 Cremetion 3 Remov	ral from State C6	metary, crematory	or other blac	e)	tery 11	1				4 11134	
	21. SIGNATURE OF FUNERAL SERVICE LICE		111	22	2. NAME A	ND ADDRESS OF F	ACILITY			OF1 , 142	iryiano	
	▶ William L. I	Zina M	91	_ F	eTTo	ws Funer	al H	omes,	P.A.	3.6	21913	,
	23. PART i. Enter the disesses, or co	mplications that cause	ed the deeth	Do not ente	r the me	. Main S	ch as ca	C. CEC	ILLOI fratory ar	n. Mar	Approximate	
	shock, or heart fellure. List only one cause on cash line									interval Bet	Ween	
	disease or condition resulting in death)	malica	rant)	t Ventricular bush littinga						M	tan	
	tooditing in death)	DUE TO (OR AS	A CONSEQUENC	E OF):			0		7.00		- June	N/A
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ATI	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENC	E OF):							V	1
RTIFICATION	CAUSE (Disease or Injury C.	DUE TO (OR AS	CONSEGUENC	E OF:							/ear	A
E	that initieted events resulting in death) LAST			- 01).							İ	
8	o.										+	
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M	DINOQUIAN	LA.	·							1	YES 2 NO)
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Ħ	27. MANNER OF DEATN	28a. DATE OF INJURY		TIME OF	28c. IN.	ne 5 - Residence	1	SCRIBE NOW I	NJURY OC	CURED		
M 1 YES 2 NO												
	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE OF INJUR building, etc. (Spi	Y — At home, fa	rm, streat, fa	ctory, offic	28		CATION (Street		r or Rural Rou	ite Number,	
TED	4 Nomicide datermined						L Un	or Town, State)				
COMPLET		AN: To the best of my know	wledge, death oc	curred at the	time, date	and place, and du	a to the co	use(a) and ma	nner aa sta	rted.		
OM	one) 2 MEDICAL EXAMINER:										and manner as stat	ied.
BE C	295. SIGNATURE AND TITLE OF CONTENEN	-4	1			29c. LICENSE NU	MBER		29d. DAT	E SIGNED (A	Worth, Day, Year)	
01	11/	any	4			130	79	(11/18	193	
-	30. NAME AND ADDRESS OF PERSON WHO	COMMITTEE PARTIE OF A	WHETHER PETERS AND A	Water Windows							-	

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE NOV 18 '93 Randoll

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	
TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a year death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per	isit pa
be filed within 72 hours after death with the State Dept. of Health and Meritial Hygiene prior to bunal, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. DECEDENT'S NAME (Fig.	st. Michille Leett	Grover H	arricon	DOVI	F	OF L	DEATH	1.	. DATE OF I	EG. NO.			A 7000 00 0000
Doyle		over F	1 00	vle	alia			1	MONTH.	20	3/9	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	1	S. SEX	6. AGE (In yrs. In	al birthday)	IF UNDER 1 Y	_	IF UNDER 24 HR	s. 7	DATE OF E	HRTH		S. BIRTI	HPLACE (State or Foreign
223-28-053	37	1 XM 2 - F	71	YRS.	MONTHS	DAYS	HOURS MIN	· F	eb. 2		922	Vii	m) Cginia
9a. FACILITY NAME (If not	institution, give i	atreet and number)			9b. CITY, TO	OWN OR	LOCATION OF				9c. COUN		
Washington	Washington County Hospital Hagerstown								Wa	shir	ngton		
0a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION								10d. INSIDE CITY LIMITS?					
Maryland									1 X YES 2 NO				
17322 Gay	101. ZIP CODE 21740							10g. CITIZ	US US	WHAT COUNTRY?			
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED			NDENT OF HIS				or No-	14. RAC	E — American Indian, ik, White, etc.
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17. FATHER'S NAME (First,							16. MOTHER'S		(First, Middl	a, Maiden			
Paris Wade	e Doyle		7.				Chlo	oie	Ligh	t			
19a. INFORMANT'S NAME			1				d Number or Ru						
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4 Donation 8 DOthe	er (Specify)		Res	t Hav	en Cer	nete	ery		12-2	Hag	gerst	own,	Maryland
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the retain of the page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 36048 CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF DEATH			3. TIME OF DEATH
	THOMAS	Gr	anville	2	DAWSON							YEAR 1993	4:50 PM
	4. SOCIAL SECURITY NUMB	6. AGE (In yra. les		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH	14,	8. BIRTHPLACE (State or Foreign			
	143-26-2808		1 № M 2 🗆 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	Jan. 19, 1	929	Countr	
		8a. FACILITY NAME (If not institution, give street end number)			-	96. CITY	, TOWN I	OR LOCAT	ON OF DI		_	NTY OF D	
۳	MEMORIAL HO	MEMORIAL HOSPITAL				CID	MRER	LAND			ATTI	EGANY	7
ថ	RESIDENCE OF DEC	RESIDENCE OF DECEDENT			_						ALL!	GAN	
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	ry, town (10d. INSIDE CITY LIMITS?
	WV	Han	mpshire	3		Aug	just						1 YES 2 KNO
BY FUNERAL	100. STREET AND NUMBER						101	. ZIP COD			10g. CIT		YHAT COUNTRY?
	RR 1 Box	46							704			USA	
5	11. MARITAL STATUS 1 □ Never Merried → ○X	Married		T EVER IN U.S. AR	MED IO		If yes, sp	ecity Cub	in, Mexica	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	or No-		— American Indian, t, White, atc.
B	3 Widowed 4 Divo	rced	IF YES, GIVE V	WAR OR DATES			1 TYES	2 MO	Specif	<i>y:</i>		Speci	White
	15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. KIND OF BUS	SINESS/INC		
COMPLETED	(Specify onl) Elemantary/Secondary (0	y highest grade 1-12)	College (1-4 or 5	(Gi	Do NOT u	work done ise retired.)	during mo	ast of work	ng				
린	N/A		N/A		Ca	rper	nter			Buil	din	g	
Ŏ,	17. FATHER'S NAME (First, M.	liddle, Last)	1					18, MOT	HER'S NA	ME (First, Middle, Malden	Surname)		
BE	Raymond	C. Da	awson					Ze	lla	Margaret	: Ha	nnas	3
2	19s. INFORMANT'S NAME (7	ype/Print)		190						Route Number, City or Town			
	Mary E.				RR	1 Bo	OX 4	16	Au	gusta, Wi	7 26	704	
	29p. METHOD OF DISPOSITION 1 Burlet 2 Cremation 4 Donation 6 Other		oval from State	20b.PLACEA cometent cre EDE	matory or o	of DISPOS	Ceme	eter	v	10ATE 20c. LO	RO	City or To	
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE				NAME A	ND ADDRE	SS DE EA	CILITY			1
	> Jan	nes	R. L	len						eral Home WV. 26704			
	23. PART I. Enter the di	iseases, or e	complications the	t caused the de	ath. Do	not enter	the mo	de of dy	ing, auc	h as cardiac or respi	ratory an	reat,	Approximate
	immediate cause (Fir		List only one cau	use on each line	1	0 1)	1					Interval Between Onset and Death
	disease or condition	→	. Adr	Vmal	7 (ot	m	(on	anom	9.		
-	regulary in dealiny		DUE TO	(DR AS A CONSE	DUENCE O	F):	0		0				
Z	Composite the Net son dist		· de	iver		1-0	ik	V~	R	_			
	Sequentially list conditions, if any, leading to immediate						oh; Ala em						
CERTIFICATION	cause. Enter UNDERLYI CAUSE (Disease or inju		c	OR AS A CONSEC	(Ne	NTV		1	_	A		1	
	that initiated events resulting in death) LAS	Т	(,	O COMBE	1 m	DW/	1	Her	AN	1511 W	165	ans	
		-	d. 7	T Co	M	(0	1						1)
A.	PART II. Other algolifica	ondition	e contributing to	death but not r	esuiting	in the u	derlyin	g cause	given in	Part I. 24e. WAS AN		24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL							1	1 111	-14	1 YES 2	1		COMPLETION OF CAUSE OF DEATH?
ME													1 _ YES 2 _ NO
5	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF I	DEATH (Ch	eck only one)			
PHYSICIAN:	1 TES 2 NO		1 2 Inpetient 2			4 🗆 Nu	rsing Hon		esidence	6 Other (Specify)			
ВУ РН	-	Pending Investigation	26a. DATE OF (Month, D		28b. TIA	ME OF JURY M	WC	URY AT ORK? YES 2 [□ NO	28d. DEŞCRIBE HOW I	NJURY OC	CURED	
	3 D Bulelde	Could not be	28e. PLACE C	F INJURY — At ho atc. (Specify)	me, farm,	street, fac	tory, offic	:0		26f. LOCATION (Street	and Number	or Rural F	Toute Number,
	4 Homicide	determined		area (upouty)						City or Town, State)			
ا ا	290. CERTIFIER (Check only	TIFYING PHYSI	ICIAN: To the best of	my knowledge, de	ath occur	red at the	time, data	and place	e, and dus	to the cause(a) and mar	nner as sta	led.	
COMPLET	anal .	ICAL EXAMINE	R: Dn the basts of a	xamination and/or i	investigati	on, in my	opinion, d	leath occu	red at the	time, date and place, an	d due to Il	ne cause(s) and manner as stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIE	00						2337		29d. DAT	E SIGNED	(Moles - Day - Mars)
2	30. NAME AND ADDRESS DE						0.0				1.500	1	1
		N, JOI	HNSON HEI			L BLI	DG.,	CUM	BERL	AND, MD 2	1502		
	31. DATE MED Month D.	1993	REGISTA	AR'S SIGNATURE	locally.								

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Floures after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Page before the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. N	10.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH		
	Asbie M. DeVar	nev				11 23	93	9:43PM M		
	4. SOCIAL SECURITY NUMBER 218-42-0654	7	E (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR		2. DATE OF BIFTTH (Morith, Day, Year)	8.	BIRTHPLACE (State or Foreign Country) Kentucky		
	9e. FACILITY NAME (If not institution, give a	street end number)	4-	9b, CITY, TOW	N OR LOCATION OF D	- 4	9c. COUNTY	OF DEATH		
TOR	Memorial Hospital				perland			legany		
DIRECTOR	10e. STATE 10b. COUNT N.J. Sal		10c. CIT	arney s	Point			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 242 H Street	£, 7	751		10f. ZIP CODE 08069		10g. CITIZEI	N OF WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EYER IN U.S. ARI FORCES? 1 YES 2 VI			If yes,	ECENDENT OF HISPA	an, Puerto Rican, etc.)	ORIGIN? (Specify Yes or No. 14. RACE - An			
TED	15, DECEDENT'S EDU (Specify only highest grade	e completed)	18e. DECEDENT'S	USUAL OCCUPA work done during se retired.)	TION most of working	16b, KIND OF	BUSINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homem			Own Ho	ome			
3	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Middle, Maid	len Surname)			
BE	Lewis Hensley 190. INFORMANT'S NAME (Type/Print)					e (Brownin	J.			
2	Irma DuPont					Route Number, City or 1 estministe				
	20e. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Rem	2	ON DI ACEAND DATE	OF DISPOSITION	Manage 11/2"	7/02,75 200	LOCATION CIN	u as Taura State		
	4 Donation 8 Other (Specify)	State S	emetery, crematory, oc. of harptown-	Metho	dist Ceme	etery	Sharpto	wn, N. J.		
	21. SIGNATURE OF FUNERAL SERVICE LA	L'AAA		ZZ. NAME	AND ADDRESS OF F	Kight	Funeral	Home ad, MD 21502		
H	23. PART I. Enter the diseases, or	complessions that cause	and the death. Do					•		
		Elet ohly one cause on Hypertensi BUE TO (OR AS			ar heart	disease		Interval Between Onset and Daath		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):							
	DART II Other steelfleen and date	d.								
N: MEDICAL	PART II. Other algorificant condition	is contributing to death	but not resulting	in the underly	ing cause given in	PERI	AN AUTOPSY FORMED? 2 NO	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (C	heck only one)				
YSI	YES 2 NO	1 Inpatient 2 ER/O		4 - Nursing H	ome 5 - Residence	8 Other (Specify)				
ву Рн	27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year		JURY	WORK?	28d. DESCRIBE HO	W INJURY OCCUP	RED		
	3 Suicide 9 Could not be determined	28e. PLACE OF INJU building, atc. (S)	28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify)					Rural Route Number,		
COMPLETED	The state of the s	SICIAN: To the best of my known the best of examination the best of examinations.						cause(e) end menner ee stated,		
BE	296 SIGNATURE AND TITLE OF CENTIFIE		Dpty Med	ex	29c. LICENSE NU D 0915		111111111111111111111111111111111111111	IIGNED (Month, Day, Year) 1/23/93		
26	Paul Snow, M.D.		DEATH (ITEM 27) (Type	, Print)	2					
		32. REGISTRAR'S SH	GNATURE		-					
	31. DATE FILED (Month, Day, Year) NOV 2 9 1993	manistranian	frence							

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HO	TO THE FUR	be filed with	IMPORTA

	REGISTRAR		CE	RTIF	ICATE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH	N.	YEAR	3. TIME OF DEAT	TN .
	Arcessa			rumg	30		Nove	mber	15	93	4:50	Рм
	4. SOCIAL SECURITY NUMBER 202-18-6695	5. SEX 1 M 2 F	6. AGE (In yrs. lest	birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Mont 2-2	OF BIRTH h, Day, Year) 25-1915	5	O. BIRTH Countr NE.W	ARK, MD	ireign
TOR	9a. FACILITY NAME (If not institution, give si BERLIN NURSING & RESIDENCE OF DECEDENT		TER	96. CITY, TOWN OR LOCATION OF D					- 1	NTY OF D		
DIRECTOR	100. STATE 10b. COUNTY	WORCES	STER		Y, TOWN OR LOCA SNOWHILI						10d. INSIDE CITY LIMITS?	
FUNERAL	10% STREET AND NUMBER RTE. 2, WORCE	STER HIGH	HWAY (60	54)	10	21811		10g. CITIZEN OF WHAT COU			A	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X NO	IED D	If yes, sp	ENDENT OF NISPA ecity Cuban, Maxic 2 NO Speci	an, Puerto	l? (Specify Yea Rican, etc.)	or No	Speci		iri,
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +	(GA	EDENT'S e kind of a Do NOT us	USUAL OCCUPATI work done during more retired.)	ON ost of working	168	, KIND OF BUS	SINESS/INC		ACK	
OMPL	7th 17. FATNER'S NAME (First, Middle, Lest)		DO	MEST	IC	16. MOTNER'S NA		OUSEKE		R AT	HOME	
BE	ERNEST COL 19a. INFORMANT'S NAME (Type/Print)	LINS	196.	MAILING	ADDRESS (Street	and Number or Rural		ARTHA E				
5	HAROLD COLLINS					OR 102					MD. 21	811
	20e, METNOD OF DISPOSITION 11/2 Burlel 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	wel from State	206. PLACE A	ND DATE OF	OF DISPOSITION (N. ther place)	ame of			CATION — ERLIN		wn, State 21811	
İ	21. SIGNATURE OF FUNERAL SERVICE LIC	3. Jollo	u			Y MEMORÍ BURY, M			RTE.	2,	BOX 920	
	23. PART I. Eriter the diseases, or o shock, or heart fellure. I	omplications that	caused the dec	th. Do r					ratory an	rest,	Approxima	
	immediate cause (Final disease or condition resulting in death)	Re	na/	K		125					Onset and	
NO	Sequentially list conditions, Due to (or as a consequence of): Penal 6 10 m + 10 10 10 10 15 Due to (or as a consequence of): Due to (or as a consequence of):											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		OR AS A CONSECU								<u> </u>	
	resulting in death) LAST	1.										
DICAL	PART II. Other significant condition	4	death but not re	sulting i	in the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FI MAILABLE PRIOR COMPLETION DF C OF DEATH?	TO
N: ME				_							1 - YES 2 X	10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:				ACE OF DEATH (C)						
HYS	27. MANNER OF DEATN	1 Inpatient 2 I	INJURY	28b. TIM	E OF 28c. IN.	e 5 Residence		r (Specify) CRIBE NOW to	LIURY OC	CURED		-
ВУ Р	1 X Natural 5 Pending Privestigation	(Month, Da			M 1 🗆	PRK? YES 2 NO		100 300 80				
ETED	3 Suicide 8 Could not be 4 Homicide datermined	28a. PLACE OF building, a	INJURY — At hom itc. (Specify)	ie, ferm, s	streat, fectory, offic	•	28f. LOC City	281. LOCATION (Street and Number or Rural Route Number, City or Yown, State)				
COMPLETED		CIAN: To the best of a) and manner as st	inted.
8	296. SIGNATURE AND TYTLE OF CERTIFIER	2	1	7		29c. LICENSE NU D0202			29d. DATI	E SIGNED	(Month, Days Year)	
2	30. NAME AND ADDRESS OF PERSON WAS Federico G. Arthe		E OF DEATH (ITEM			Berlin,	MD	21811	410	0-64	1-6363	\exists
5	31. DATE FILED (Month, Day 1993)	Julia David	's sight ture	Ri								

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IG PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may	
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100	IU THE MOST IAL OH ALI ENDING PHYSICIANS THE WIND REQUIRES THAT THE GRAIN CONTINUES ARE DESCRIBED TO THE MOST HAVE BEEN AND THE MOST OF THE MOST WAS A THE MOST OF THE MOST WAS A THE MOST	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit.	ygiene prior to burial, cremation, or removal.	other traumatic event, the medical examiner must be notified at once.
THE PARTY CONTRACTOR OF THE PROPERTY OF THE PARTY OF THE	TO THE MOSPITAL OF ALLENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician an	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR		STATE OF I	MARYLA	ND /	DEPAR	TMENT	OF H	EALTH A	AND I	MENTAL HYGII		93	36	051	
1. DECEDENT'S NAME (First,	Middle, Last)					_				2. DATE OF DEATH			3. TIME OF D	EATH	
Marie	Eliza	beth				D	ash	iell		Novemb	DAY IS	YEAR 1993	154	R M	
4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest b						yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7, DATE OF BIRTH				8. BIRT	HPLACE (State of				
216 14 0001 INM 2 ME C7 VDB MONTHS DAYS HOURS MIN. (Month, Day, Year)								arylan	d						
96. FACILITY NAME (If not in		,				9b. CITY	7.1	R LOCATION		ATH		OUNTY OF I			
PENINSULA R		L MEDICA	L CE	NTER	<u> </u>		SAI	LISBUE	RY		I	VICOM:	CO		
RESIDENCE OF DEC	10b. COUNTY	,			100 CIT	Y, TOWN C	OR LOCAT	104							
Maryland	Wico	mico				lis		1711					10d. INSIDE C LIMITS? 1 YES 2	45	
10e. STREET AND NUMBER	MICO	MICO			_ 56	1113		ZIP CODE	_		10a. (STIZEN OF	WHAT COUNTRY		
407 Patri	ole Xxx	^						2180	1						
11. MARITAL STATUS	CR AV	12. WAS DECEDEN	T EVER IN	U.S. ARI	MED	13.				IIC ORIGIN? (Specify		S.A	F — American II	ullan	
1 Never Married 2		FORCES? 1							E — American le k, White, etc.	ronavi,					
3 Widowed 4 Divo	rced		2.50					. 74	ориспу			Spec	Black		
	EDENT'S EDUC highest grade			18e. DEC	CEDENT'S	USUAL O	CCUPATIO	ON st of working		16b. KIND OF	BUSINESS	INDUSTRY			
Elementary/Secondary (0	-12)	College (1-4 or 5	F)	life.	Do NOT us	e retired.)		st of working		1 -					
12				Do	mest	ic	.c None								
17. FATHER'S NAME (First, M	iddle, Last)							18. MOTHE	R'S NA	ME (First, Middle, Meid	en Sumem	•)			
Roland Das		1								Hudson					
19a, INFORMANT'S NAME (7)	ype/Print)			19b	MAILING	ADDRESS	(Street e.	nd Number or	r Rural A	loute Number, City or	own, State,	Zíp Code)			
Robert Das				4	07 F	atr	ick	Ave	.Sa	lisbury	,Md	.2180	01		
20e, METHOD OF DISPOSITI	ON 3 Remo	oval from State	20b.F	PLACEA	NDDATE	F DISPOS	ITION (Na	me of		DATE 20c.	LOCATION	— City or To	own, State		
4 Donation 5 Other	(Specify)		Gr	Green Acres Salisbury			bury	Md.							
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE						D ADDRESS			D	1	TI		
- Blade	40 B.	Stew		C		8	21	West	Rd	Stewart I. Salis	bur	v . Md			
23. PART I. Enter the di shock, or he	seases, or c	omplications the	t caused	the dea	ath. Do n	ot anter	the mo	da of dying	g, auch	n as cardiac or re	piratory	arrest,	Approx		
IMMEDIATE CAUSE (Fin		-												nd Daath	
reaulting in death)	→	. Juli	nav	7.	net	nag	18	dre							
		DUE TO	(OR AS A	ONSEO	UENCE OF	F):	11	B.							
Sequentially list conditi	ons,	Cora	wyn	1	70	he	Ke	olne.	7						
if any, leading to immediate. Enter UNDERLY!	diete	DUE TO	(OR AS A C	ONSEQ	WENCE OF	7):		/							
CAUSE (Disease or inju													1		

Sequent if any, le CAUSE (that initiated events resulting in death) LAST

BE COMPLETED BY FUNERAL DIRECTOR

2

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

that initiated events resulting in death) LAST	DUE TO (DR AS A CONSEQUENCE DF):
PART ii. Other significant co	anditiona contributing to deeth but not resulting in the underlying cause given in Pert I.

28. PLACE OF DEATH (Check only one) URED

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL	28. PLACE OF DEATH (Check only one)							
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 LER/Outpetient 3		OTHER: 4 Nursing Home 5 Rasidence 6 Other (Specify)					
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF INJURY — At he building, etc. (Specify)	me, ferm, street, fe	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

4 Homicide

	promise and promise and promise and the time, using the promise and promise an	te' and one to the cansals) and weither as stated
296. SIGNATURE AND TITLE OF CERTIFIER	29c LICENSE NUMBER	29d DATE SIGNED (Month Day Year)

DO 8211

CAUSE OF DEATH (ITEM 27) (Type, Print)

CARROLL STRUCT 145

31. DATE FILED (Month, Day, Year)
NOV 1 9 1993 22. REGISTRAR'S SIGNATURE 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE

DF DEATH? 1 | YES 2 | NO

11/18/93

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the buspital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the buriat-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH	3. T	IME OF DEATH
	BETTY JANE DENNIS			NOVEMBER	19,1993	11:08pm
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	6. BIRTHPLAC	E (State or Foreign
- 1	215-26-4003 ¹□м²№F	65 YRS. MO	NTHS DAYS HOURS MIN.	8-10-1928	DET.	WARE
	9a. FACILITY NAME (If not institution, give street and number)	91	. CITY, TOWN OR LOCATION OF E		c. COUNTY OF DEATH	
ec						
CIOR	618 LIBERTY ST.		SALISBURY		WICOMIC	.0
E C	10a. STATE 10b. COUNTY	10c. CITY, T	OWN OR LOCATION		10d	INSIDE CITY
DIRE		SA	LISBURY		10	LIMITS?
	MD WICOMICO 10e. STREET AND NUMBER		101, ZIP CODE		0g. CITIZEN OF WHAT	
FUNERAL	618 LIBERTY ST.		21801		U.S.A	
빌						
2	1 Never Married 2 Married FORCES? 1 YES	S ZY NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Maxic	can, Puerto Rican, etc.)	Black, Wh	
B	37 Widowed 4 Divorced IF YES, GIVE WAR OR	DATES	1 TYES 2 NO Spec	ffy:	Specify: V	WHITE
ED	15. DECEDENT'S EDUCATION	16a. DECEDENT'S US	IIAL OCCUPATION	16b. KIND OF BUSIN	ESS/INDIISTRY	
=	(Specify only highest grade completed)	(Give kind of work	done during most of working	200 1100 1100 1100		
ا چ	Elementary/Secondary (0-12) College (1-4 or 5+)		SEWIFE	OWN H	OME	
COMPLET	17. FATHER'S NAME (First, Middle, Last)	1	Les MOTUTOIS N	AME (First, Middle, Maiden Sui		
	RUSSELL CLAYTON OAKES			MAE RICKA		
BE						
2	190. INFORMANT'S NAME (Type/Print) ALICIA D. CATHELL	196. MAILING AD	PORESS (Street and Number or Flura	SNOW HILL	MA 218	63
		0b. PLACE AND DATE Of complaying preprint open or		11-28 20c LOCA	TLARDS";	MD.
- 1		DENNIS or				
	21. SIGNATURE OF FUHERAL SERVICE LICENSEE	1//	22. NAME AND ADDRESS OF F		CALTED	uau Ma
	Lett I love	Th	BUUNUS FU	INERAL HOME	-, SALISD	uky, ulu
	29: PAST I. Enter the diseases, or complications that cause	ed the death. Do not	enter the mode of dying, su	ich as cardiec or respirat	tory errest,	Approximate
4	shock, or heart fallure. List only one cause on	esch line.				Interval Between Onset and Death
	disease or condition	0 08	COLON		i	£405
	Todaiting in double	A CONSEQUENCE OF:	C07-07-			5 //02.
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CERTIFICATION	Sequentially list conditions, DUE TO (OR AS	A CONSEQUENCE OF):				
A	If any, leading to immediate cause. Enter UNDERLYING					
윤	CAUSE (Disease or injury that initiated events DUE TO (OR AS	A CONSEQUENCE OF):				
	resulting in desth) LAST					
빙						
4	PART II. Other significant conditions contributing to deeth	but not resulting in	the underlying ceuse given i	n Part i. 24s. WAS AN AL		RE AUTOPSY FINDINGS
DICAL				1 YES 2	COI	APLETION OF CAUSE DEATH?
						YES 2 NO
-				17.5-		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)		
8	EXAMINER? 1 YES 2 NO 1 Input ent 2 PR/O		THER: Nursing Home 6 Residence	6 COther (Specify) Infe	50205/	Horses
}	27. MANNER OF DEATH 284. DATE OF INJUR		OF 28c. INJURY AT	28d. DESCRIBE HOW INJ	URY OCCURED	W C - C -
	1 Natural 6 Pending (Month, Day, Year) INJUR	WORK? M 1 □ YES 2 NO		ans	
>	Immeliantian	DV At home form etc.	et, factory, office	26f. LOCATION (Street and	Number or Rural Route	Number,
	2 Accident Investigation 3 Suicide 28e. PLACE OF INJUI			City or Town, State)	1 773	
	A Cordelit		M	ony or rown, crate,	NA	1/0
LETED BY	3 Suicide s Could not be determined 28e. PLACE OF INJUI building, etc. (%)	pecify)	774		NA	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJU building, etc. (%) 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my known of the country of the best of the country of the cou	owledge, death occurred		ue to the cause(s) and manne		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJUI building, etc. (Sy 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examinat	owledge, death occurred		ue to the cause(s) and manne		d menner as stated.
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(9	3	3	6	0	5	5

	1. DECEDENT'S NAME (First, Middle, Las	(1)	OLITT	FICATE C	DE	2. DATE OF DEA	. NO.		
	MARTHA	EMILY		N. CHA	ROON	MONTH	DAY	YEAR	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda			NOVEM !		1993	IPLACE (State or
	220-10-9639	1 M 2 XF	82 YRS.	MONTHS DAY		(Month, Day, Y		Count	ryland
- 1	90. FACILITY NAME (If not institution, give	street and number)	02	9b. CITY, TOY	WN DR LOCATION OF S			NTY OF D	
e e	PENINSULA REGIO	NAI. MEDIC	AL CENTER	SA	LISBURY		Tal	I.COM	ITCO
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			CITY, TOWN DR LO	5-2-2-3-11/-01/-		1 10	3,0017	
E			106. 0	1/4(3/4)					10d. INSIDE CI LIMITS?
	Maryland 100. STREET AND NUMBER	Wicomico		Fruitla	and 10f. ZIP CODE		40 a OIT	IZEN OF	1 TYES 2
HA I	115 S. Camden Av	7.0			21826		Tog. Cit	USA	WHAT COUNTRY
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	ANIC DRIGIN? (Spec	Ify Yes or No-		E — American Ir k, White, etc.
	1 Never Married 2 Married		1 ☐ YES 2 ☒ NO WAR OR DATES	If yes	s, specify Cuben, Mexic YES 2 X ND Spec	an, Puerto Ricen, e	lc.)	Spec	
D BY	3 Widowed 4 Divorced							whi	
ETE	15, DECEDENT'S Et (Specify only highest gra	de completed)	(Give kind o	'S USUAL OCCUP of work done during use retired.)		16b. KIND (OF BUSINESS/IN	DUSTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5	+)	stered N	Jurse	Nur	sing		
COMPL	17. FATHER'S NAME (First, Middle, Last)		Regis	icered in		AME (First, Middle, A			
Ü	Jephtha (unk	Puse	ey .		Emma	Unkn	,		
00	19a. INFORMANT'S NAME (Type/Print)			NG ADDRESS (Str	reet and Number or Rura	Route Number, City	or Town, State, Zij	p Code)	
2	Omer L. Disharoc	on	115	S. Camd	len Ave.,	Fruitlan	d, MD 2	21826	
	28s, METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re	moral from State	20b. PLACE AND DAT		N (Neme of	DATE 2	Oc. LOCATION —	City or To	own, State
	4 Donation 5 Dither (Specify)		Parsons	Cemeter			Salisbu	ıry,	MD
	21. SIGNATURE OF FUNKNAL SERVICE	LICENSEE	2		lloway Fur		70		
	WKOM!	40/4	m		1 Snow Hil			wx7 ?	WD 2180
	shock, or heart fellum	e. List only one car	use on each line.	o not enter the	mode of dying, su	ch as cerdiec or	reepiratory an	rest,	Approx Interval Onset
TION	shock, or heart fellum instance or condition resulting in death) Sequentially list conditions, if eny, leading to immediate	a. Due To	O (OR AS A CONSEQUENCE	lure OF: Failu	re	ch aa cerdiec or	reepiratory an	rest,	Approx Interval Onset
ICATION	shock, or heart fellum IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. Per oue to ou	O (OR AS A CONSEQUENCE	lue op: Failu op:		ch aa cerdiec or	respiratory and	rest,	Approx Interval Onset
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Sichia Davidson-Randale

BALTIMORE, MARYLAND 21215-0020

BALTIMORE, MARYLAND 21215-0020

		1 - STATE REGISTRAR	STATE OF W	CE	RTIF	ICATE OF	DEATH	REG. NO.		
)	1	1. DECEDENT'S NAME (First, Middle, Last) Anna M. Davidson						2. DATE OF DEATH DAY 1.1/22/93		2 . 1 5
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs.			birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		3:15 p.m.M. BIRTHPLACE (State or Foreign
9		214-46-3846	1 🗆 M 2 🔭 F	84	YRS.	MONTHS DAYS	HOURS MIN.	5/23/09		Talbot Co.
nous C	DIRECTOR	9a. FACILITY NAME (If not institution, give street and number) Meridian - The Pines RESIDENCE OF DECEDENT				96. CITY, TOWN DR LOCATION OF DEATH Easton, Maryland Talbot				
7:1	EC	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LOCAT	TON			10d. INSIDE CITY
		XXXXXXMD Talbot				Easton			Y YES 2 NO	
ansit per	FUNERAL	610 Dutchmans	Lane			101	21601		10g. CITIZE	S. A
ending physician. as the burial-transit	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W				ecify Cuban, Mexico	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) ly:	or No — 14	I. RACE — American Indian, Black, White, etc. SpecifyBlack
or use	APLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12) \(\text{n} \ / \text{a} \)		(Giv	e kind of t	Work done during mo	ON st of working	VA	Rio	0
≥ 8 %	BE COMP	17. FATHER'S NAME (First, Middle, Last)	PAMA	14			18. MOTHER'S NA	AME (First, Middle, Melden	Surname)	ER
ay be retained to page 5 should to be notified	70	19e. INFORMANT'S NAME (TIPE PRINT)	:19H	MAN 196.	MAILING 22	919 TH	Number or Aural	Poute Number, City or Town	z plo	N Md 21629
e 6 m ector,		20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remote 4 Donation 6 Other (Specify)		20b. PLACE AI			CEM.	11/20/93 H		y or Town, State CK, Md.
e funeral		21. SIGNATURE OF FUNERAL SERVICE LICE	せい	pollo L		20	7 E.A	rester	51.	- Son you
executed within 24 hours and completely filled in to burial, cremation, or re- matic event, the medi	NOI	23. PART I. Enter the diseases, or co shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardio	Se on each lina. (OR AS A CONSEOL (OR AS A CONSEOL	JENCE O	F:	oa Di dyilig, auc	m as cardiac or respi	ratory arrea	t, Approximate Interval Between Onset and Death
th certificate anding phy- I Hygiene p or other	CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.								
that ed by th and	4: MEDICAL	PART II. Other aignificant conditions Pencenta Renalinsuff	CLEAC		suiting	in the underlying	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
V: The law icate has b State Dept Item 23	SICIAN		HOSPITAL:	-		26. PL ОТНЕЯ:	ACE OF OEATH (C/	neck only one)		
PHYSICIAN: The law n this certificate has be with the State Dept. i rked, or Item 23 s	PHYSI	1 U YES NO 27. MANNER OF DEATH			26b. TIM	4 Nursing Hom IE OF 28c. INJ		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCU	RED
NOING PHYS 1: After this or or death with 1s marked	D BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF				rES 2 NO	281, LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,
L OR ATTENDING F OIRECTOR: After hours after death Item 28 is mar	LETE	4 Homicide determined								
4 7 5 21	COMPL	(Check only one) 2 MEDICAL EXAMINER						to the cause(e) and man time, date and place, an		cause(e) and manner se stated.
TO THE HOSPIT TO THE FUNERY be filed within 7	TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	4 Sei	584)		D/O	966	▶ 11	13/93
		7 1 7 0	E 665		E	- ASTE	M, M	2- 2/60/		
	8	31. DATE FILLED Worth) Ray, Your	J2. REGISTRA	B.S. B. CHARLANDE (

	2, 3 shou
(Li
BALTIMORE, MARYLAND 21215-0020	filer death, Page 6 may be retained by the hospital or attending provident. If the funeral director, page 5 should be detached for use as the surint brancheshoval.
0.1	the the

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.

Ours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1. DECEDENT'S NAME (Firs	CHARL	EC WILL	IAM		EVAN	C	MONT		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER 174-18-0768 1 ★ M 2 □ F				AGE (In yrs. lest birthday) IF UNDER MONTHS MONTHS			7. DATE (Mon	ember of Birth th, Day, Year) 27 190		8. BIRTH Country	9:10 a PLACE (State or Foreign) ENNA.	
Memorial	9a. FACILITY NAME (If not institution, give abreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH Memorial Hospital Cumberland Allegany RESIDENCE OF DECEMENT											EATH	
MARYLAND	106. COUNT	Y LLEGANY		10c. CIT	CUMI	BERL			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
100. STREET AND NUMBER 229 BALTI		VE		101	2150	2			U.S.	MHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 S		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 X	YES 2 NO If yes, sp					N? (Specify Yer Rican, etc.)	s or No- 14, RACE — American Indian, Black, White, stc. Specify: WHITE			
(Specify or	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 8 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) BUS DRIVER BUS DRIVER												
17. FATHER'S NAME (Flist, I	- Day - C						18. MOTNER'S ANNA	TROU		Surname)			
19a. INFORMANT'S NAME DOLORES		2	4	70 F	ORT .	AVE	CUMBER	LAND	MARYLA	n, State, Zip	21502		
20a METHOD OF DISPOSI 1 Burial 2 Cremati 4 Donation 5 Other		novel from State	20b. PLACE				NOV26	1993		MAN			
21. SIGNATURE OF FUNER	AL SERVICE LI	Merrit	+		M	ERRI	TT-ADAM ECATUR	S FUN			NI) M.	ARYLAND	
immediate cause (F disease or condition resulting in death) Sequentially list condit if any, leading to immeause. Enter UNDERLY CAUSE (Disease or injusted initiated events resulting in death) LA	tions, addate //ING	b	(OR AS A CONSE	OUENCE OF	Nev	arte and	У,					Onset and Da	
PART ii. Other aignific	ant conditio	na contributing to	deeth but not	resulting	in the un	derlyin	g cause given i	n Part I.	24a. WAS AN PERFOI 1 - YES	RMED?	24b.	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	EDIO standing 1		OTHE	₹:	ACE OF DEATH (
1 YES 2 NO 1 Minettent 2 ER/Outpetfent 3 DOA 4 Nursing Name 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 DICE State of Injury (Morth, Day, Year) 28s. DATE OF INJURY (Morth, Day, Year) 28s. DATE OF INJURY North Day, Year) 28s. DATE OF INJURY NORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCUREO 28s. PLACE OF INJURY AI home, farm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY AI home, farm, street, factory, office City or Town, State)													
									oute Number,				
one)		ER: On the best of										and menner as stated.	
29b. SIGNATURE AND TITL		noney	-				29c. LICENSE N			PHI. DAT	E SIGNED	(Morell Gas Warr)	
Dr. Vik P						MD	21501		1		10		
31. DATE FILED (Month, Day		32. REGISTE	R'S SIGNATURE						18			1	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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A	ECT	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	12
OR.	PIR	ğ	100
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	1 - STATE OF MARYLAND	/ DEPARTI	MENT OF I	EALTH ANI	D MENT	AL HYGIEN	_	3 3	6056
- 5	1. DECEDENT'S NAME (First, Middle, Lest)					TE OF DEATH		3. TIM	E OF DEATH
	James Harley Etherton				NOT	7. 24 by	199	3	L:06 M
1	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs.		IF UNDER 24 HRS	T DATE OF BIRTH					
	552-38-7892 1 CXM 2 C F 85	YRS.	ONTHS DAYS	HOURS MIN		ine 30			sas
a:	155 N. Main St.	l °	Gale	OR LOCATION OF	DEATH		9c. COUNTY		
5	RESIDENCE OF DECEDENT		Gare	na			Ke	nt	
DIRECTOR	Maryland 10b. COUNTY Kent	18c. CITY, 1	Gale					10d, INSIDE CITY X LIMITS?	
14	10e. STREET AND NUMBER		10	. ZIP CODE			10g. CITIZEN	OF WHAT C	
FUNERAL	155 N. Main St.			21635			USA		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A	ARMED	13. WAS DE	ENDENT OF HIS	PANIC ORIG	BIN? (Specify Yes	or No — 14.	RACE - Am	erican Indien,
BY	1 Never Married 2 Married FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES IF YES, GIVE	_NO		ecity Cuban, Mea	ticen, Puerti ecify:	o Rican, etc.)		Black, White Spacify	, etc.
	- I WW 11 1943-2						W	hite	
	(Specify only highest grade completed)	DECEDENT'S US (Give kind of won ife. Do NOT use n	k done durina me	ON isl of working	:10	6b. KINO OF BUS	SINESS/INDUS	TRY	
ا ت	College (1-6 or 5 +)			an+a+i		0 2	L		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	ires v	epres	entati		educa			
	Joseph Ellsworth Etherto	nn .		Nancy		, Middle, Malden	_{Sumame)} Hawki	· ·	
BE			ODDECS /Street	ind Number or Rui					
2	Marion Denny Etherton -wife	- P.O	. Box	59 155	NT	Main (T, SIBIR, ZIP CO	21022	MD
	20a. METHOD OF DISPOSITION 20b. PLAC	E AND DATE OF I			-	- 1	CATION — City		
	1 ☐ Burial 2-√- Trematton 3 ☐ Removal from State cometers c	remetery or other	nlecel	em. 11	1				
	21. NIGNATURE OF FUNERAL SERVICE LICENSES		22 NAME A	ID ADDRESS OF	EACH ITY		rming	con,	Del.
	+ 2 2 0 M 0051	0	Step	nen L. Wa, Cro	Sch	aech			
	22 PART Establish discours as assallant as Assallant		Ġāĭe:	ia, MD	21	635			
	23. PART I. Enter the diseases, or complications that caused the shock, or heart failure. List only one cause on each lin	death. Do not na.	anter the mo	da of dying, s	uch as ca	rdiac or reapi	retory arrest		Approximate ntervai Between
	iMMEDIATE CAUSE (Final disease or condition	a menta							Onset and Death
H	resulting in death) a. METAS THT. OUE TO (OR AS A CONS	IC CONT	n c vycu	44-C	MEN	cun	MILLE	M	
_	-	EUDENCE OF).						i	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	EQUENCE OF):						<u> </u>	
8	Cause. Enter UNDERLYING CAUSE (Disease or Injury								
E	that initiated events OUE TO (OR AS A CONS	EOUENCE OF):							
E	resulting in death) LAST					_			
	PART II. Other significant conditions contributing to death but not	resulting in 1	tha underlyin	r cause given	in Part i	24a, WAS AN	ALITYORGY	245 WERE	AUTOPSY FINDINGS
CAL				g cuase given		PERFOR		AWAILA	BLE PRIOR TO ETION OF CAUSE
						1 TYES 2	⊡Xνο.	OF DEA	
Σ.								1 🗍 Y	ES 2 NO
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL		26 PI	ACE OF DEATH	Check only	anal			
SIC	EXAMINER?		THER:						
Ě	27. MANNER OF DEATH 26s. OATE OF INJURY	26b. TIME O	F 28c, INJ	• 5 Residence		ESCRIBE HOW IN	JURY OCCUR	ED	
ВУР	1 Netural 5 Pending (Month, Day, Year)	INJUR		RK? /ES 2 NO					
									mber,
	4 Homicide determined building, etc. (Specity)				Cit	y or Town, State)			
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurred s	at the time, date	and place, and d	fue to the o	ause(s) and man	ner as stated		
≅ ∥	one) 2 MEDICAL EXAMINER: On the basic of exemination and/o							use(e) end m	anner es stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N			29d. DATE SI		
BE	Derla C. An - 1-			n-13/				2493	Usy, 1987)
2	30. NAME AND ADDRESS OF PERSON PHO COMPLETED CAUSE OF DEATH (IT	EM 27) (Type, Pri	int)	11 110	-/		17	175	
	John C. Seymour 122 Spear			rtown	MD	21620			
	31. DATE FILED (Month, Day, Year) \$2./REGISTRAN'S SIGNATURE.	dell-	JIIES CE	LCOWIL	, MD	21020			
/_	NOV 30 '93 Friha Davidson-Non	-							

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-firming per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	SIATE OF MANTLAN		ICATE OF	DEATH	I MEI	REG. NO.	Ė				
	1. DECEDENT'S NAME (First, Middle, Last)						DATE OF DEATH	V .	YEAR 3	. TIME OF DEATH		
			rene	Flook			11 - 1		1993	7:05 A M		
		5. SEX 6. AGE (In yr.	IF UNDER 24 I		(Month, Day, Year) Country)			ACE (State or Foreign				
	210-30-777	1 M 2 X F 81	YRS.	MONTHS DAYS	11135-	123	7-12-19		MAI	RYLAND		
ac I	9s. FACILITY NAME (if not institution, give stre			9b. CITY, TOWN					NTY OF DEA			
6	Reeders Memorial Home Boonsboro Washington											
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. IN MARYLAND WASHINGTON HAGERSTOWN 1 X X Y									10	od. INSIDE CITY		
									LIMITS? X YES 2 NO			
TOP. STREET AND NUMBER 109. CITIZEN OF WUS. AT 101. ZIP CODE 109. CITIZEN OF WUS. AT 101. ZIP CODE 109. CITIZEN OF WUS. AT 101. ZIP CODE 109. CITIZEN OF WUS. AT 101. ZIP CODE 109. CITIZEN OF WUS. AT 101. ZIP CODE 109. CITIZEN OF WUS. AT 101. ZIP CODE 109. CITIZEN OF WUS. AT 101. ZIP CODE 1109. STREET AND NUMBER 101. ZIP CODE 102. ZIP CODE 103. WAS DECEMBERT OF HISPANIC ORIGIN? (Specify Yes or No.— IS RECEDED.) 11. MARRIYAL STATUS 12. WAS DECEMBERT OF HISPANIC ORIGIN? (Specify Yes or No.— IS RECEDED.) 13. WAS DECEMBERT OF HISPANIC ORIGIN? (Specify Yes or No.— IS RECEDED.) 14. Was DECEMBERT OF HISPANIC ORIGIN? (Specify Yes or No.— IS RECEDED.)								IZEN OF WH	AT COUNTRY?			
Ä	131 EAST BALTIMOR				217				U.S.A			
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2	X NO	13. WAS DE	CENDENT OF H	HSPANIC O Maxican, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No-	14. RACE — Black, V	- American Indian, Vhite, atc.		
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR DATES		1 TYE	2 () NO :	Specify:			Specify:	WHITE		
ED	15. DECEDENT'S EDUCA (Specify only highest grade co	TION 16s	DECEDENT'S	USUAL OCCUPATI	ON		16b. KIND OF BUS	INESS/INI	DUSTRY	VVIIIIE		
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	work done during many materials and materials.)	ost of working							
COMPLETED	8			HOMEMAKE	R		01	WN H	OME			
	17. FATHER'S NAME (First, Middle, Last)	T.C.					First, Middle, Maiden S	Sumame)				
BE	ROBERT HENRY LEW 19a. INFORMANT'S NAME (Type/Print)	15					AGENHART					
5	LELIA M. SMITH						Number, City or Town			21713		
	20e, METHOD OF DISPOSITION	20b. PL/		OF DISPOSITION IN		, ,			City or Town			
	1 🖾 Burial 2 🗆 Cremation 3 🗆 Remov 4 🗆 Donation 5 🗆 Other (Specify)		ER CRE	ther place) EK CEMET	ERY	11/2				MARYLAND		
	21. SIGNATURE OF FUHERAL SERVICE LIGE				ND ADDRESS	OF FACILIT	Υ					
	+ Houlm.Kd	Paul I	M. Dear	n BAST F	'UNERAL	HOM	E Boonsl			nal Pike 21713		
	23. PART I. Enter the diseases, or co	mpilcations that caused the	e death. Do r	not enter the mo	de of dying,	, such es				Approximate		
	shock, or heart fellure. Li iMMEDIATE CAUSE (Finel	at only one cause on each	ilne.							interval Batween Onset and Death		
	disesse or condition resulting in death)	Cardeop	ulmon	ary as	est					One hour		
	DUE TO (OR AS A CONSEQUENCE OF):/											
CERTIFICATION	Sequentielly list conditions, b.	Metas/a	TTC	neasy	Can	cer				TIEMES		
CAT	If any, leading to immediate cause. Enter UNDERLYING	GUPME	= ANI	EMIA	page-1					2 MONTH		
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COM	SEQUENCE OF	7:						1		
Ä	reaulting in death) LAST			/								
7	PART ii. Other significent conditions	contributing to deeth but n	ot reaulting i	n the underlyin	g ceuse give	n in Part				ERE AUTOPSY FINDINGS		
DICAL	DIA	BETES M	ELLI	1745			PERFORI	-	CC	MILABLE PRIOR TO OMPLETION OF CAUSE		
ME	CE	NEBRO VAS	CULA	R DO	CIDE	NI				DEATH?		
PHYSICIAN:		HOSPITAL:		OTHER:	ACE OF DEAT	'H (Check or	nly one)					
ΥS	1 YES 2 NO 1	Inpatient 2 ER/Outpatien		4 Mursing Hon		7						
	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY WO	URY AT		. DESCRIBE HOW IN	JURY OC	CURED			
BY	2 Accident Investigation " 1 YES 2 NO								ha Mumbar			
COMPLETED	4 Homicide 8 Could not be determined	building, atc. (Specify)				-0	City or Town, State)	IO NUMBER	or nurai nou	e Number,		
7	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge	, death occurre	ed at the time, date	and place and	d due to th	a cause(s) and men	nor on etai	and .			
₩ O		On the basis of examination and								nd manner as stated.		
BE C	296. SIGNATURE AND TITLE IN CERTIFIER	.1.	7		29c. LICENSI					onth, Day, Year)		
10 8	19	15			D44	199	6		11-10	1-93		
	30. NAME AND ADDRESS OF PERSON WHO		(ITEM 27) (Type,	Print)	Chla	-1	1 11-	1.	. 40	747/3		
	31. DATE FILED (Month, Day, Year)	TALK MI 32. REGISTRAR'S SIGNATUR) L	511 6	yrun	5/4	ISOTAS	600	777	19/13		
	1,CV 2 3 1993 A	Sanden Park										

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SALIMONE, MARILAND ZIZIS-0020	nin 24 hours after death. Page 6 may be retained by the hospital or attending physician.	leby filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, mation, or removal.	t, the medical examiner must be notified at once.
CHICAGO CONTRACTOR CON	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page the within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGIST	TRAR				CERTIF	ICATE (OF DEATH		REG. NO.				
	"S NAME (First, M							2. DAT	E OF DEATH	NA .	YEAR	3. TIME OF DEATH	
Cliff		Artl			FOL	LENIUS			11 22 1993			4:10 P	
The second	CURITY NUMBER 10-2952		5. SEX	6. AGE (In y	rs. lest birthday)	MONTHS DA		/Mor	E OF BIRTN oth, Day, Year) 1. 6, 1	940	Country	PLACE (State or Foreign	
	NAME (If not instit	ution, give s		- 55		9b. CITY. TO	WN OR LOCATION OF D		1. U, I			York	
Washi		Count	y Hospita	1		96. COUNTY OF DEATH Hagerstown Washi							
10a. STATE		b. COUNT	Y		10c. CITY	r, TOWN OR L	OCATION					10d. INSIDE CITY	
		Que	eens				Glendale					LIMITS? 1 YES 2 NO	
	AND NUMBER 67th P	lace					101. ZIP CODE 113	85			SA	THAT COUNTRY?	
3 Widowe	STATUS larried 2 📉 Me d 4 🗌 Divorce		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	NO NO	If yes	DECENDENT OF NISPA a, specify Cuben, Mexic YES 2 NO Speci	an, Puerto	IN? (Specify Yes Rican, etc.)	e or No— 14. RACE — American Indian, Black, White, etc. Specify: White				
Elementer 9	15. DECED			16	a. DECEDENT'S	USUAL OCCUI	PATION a most of working	16	b. KIND OF BUS	NESS/IN		11.00	
Elementer 9	y/Secondary (0-12		College (1-4 or 5+)		et me	g most of working		airc	wo.E+			
17. FATHER'S	NAME (First, Middle	e, Last)			3116	ec me	16. MOTNER'S N.	AME (First					
	is Foll		3				Evely	n Ul	lrich	Surname)			
	Ann Fo		ina	_			eet and Number or Rural					1100#	
	OF DISPOSITION		Lus	205 81			th Place,	_			YOTK		
1 🖾 Burial 🗆	2 Cremation n 5 Other (Sp	3 Rem	oval from State	cemetar	ACE AND DATE OF ACE AND DATE O	her place)		11-2			Lyn,		
21. SIGNATUR	E OF FUNERAL S	ERVICE LIC	CENSEE		CIGICO	22. NAM	E AND ADDRESS OF F	ACILITY		LAOOL	L y 11 9		
 	50	AS	100	21	nn//		NNICH FUNE				17 -	21740	
1	shock, or hear CAUSE (Fine)	t failure.	List only one caus	se on each	line.	ot enter the	mode of dying, suc	ch as car	rdiac or respi	ratory ar	rest,	Approximate Interval Betwee Onset and Dear	
resulting in		•	a. Cardiac		NSEQUENCE OF							immediate	
							o Vascular I)i seas	se (Seve	re)		several ye	
if any, lead	y list condition ing to immedia	te			INSEQUENCE OF		o resolution a	Local	(500)			Several ye	
CAUSE (Die	er UNDERLYING	1	C. DUE TO	OR AS A CO	INSEQUENCE OF								
that initiate resulting in	d events death) LAST			OH AS A CO	MSEQUENCE OF):							
			d									1	
PART II. Ot	her significant	condition	s contributing to	deeth but (not resulting i	n the under	iying ceuse given in	Part I.	24a. WAS AN PERFOR		1	WERE AUTOPSY FINDING AMAILABLE PRIOR TO	
-									1 TYES 2	NO D		COMPLETION OF CAUSE OF DEATN?	
								_	1			1 YES 2 NO	
	REFERRED TO N	EDICAL				2	6. PLACE OF DEATH (C	heck only o	one)				
EXAMINED 1 TES			HOSPITAL:	ER/Outpatie	nt 3 🗆 DOA	OTHER:	Nome 5 Residence	6 X Oth	er (Specify) Wk	nrk -	Ton F	light Air Ha	
27. MANNER C	nel 5 Per	ding	28s. DATE OF (Month, De		28b, TIMI INJ	E OF 28c	INJURY AT WORK?		EȘCRIBE HOW II			TIGHT ILL IA	
2 Accident Investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)													
29e. CERTIFIE (Check on one)	y I CEHTIFY						data and place, and du					and menner ee stated,	
29b. SIQUATE	ME AND TITLE OF			>	11		29c. LICENSE NU			29d. DA	TE SIGNED	(Month, Day, Year)	
30. NAME AND	D ADDRESS OF P	RSON WH	D COMPLETED CAUS	E DF DEATH	(ITEM 27) (Type	Print)	D01062			- 1	1/23/9	3	
Edward	W. Ditto				Washingt		Hagerstown	, MD.	21740				
31 DATE FILE	D (Month Day You	1	32. REGISTRAI				3	,					
1,77	3 0 1993	0											

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. F	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	within
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	9	0	Se #
	-	-	43

	1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAI					MENT	AL HYGIEN	2	3	36059	
	1. DECEDENT'S NAME (First, Middle, Last)									E OF DEATH		3	. TIME OF DEATH	
	Sadie				FE	DN	BN	/	Nov	ember 15		YEAR	3:00 p M	
	4. SOCIAL SECURITY NUMBER	5. SEX	(11) (11) (11) (11) (11)				1 YEAR IF UNDER 24 HRS. 7.			E OF BIRTH rith, Day, Year)		. BIRTHPL	ACE (State or Foreign	
	194-46-1279		1 M 2 F 86 YRS. MONTHS DAYS HOURS MIN.							December 25, 1906 Pennsyl				
~	9a. FACILITY NAME (If not institution, give a		96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						тн					
ğ	Harrison House				Sn	ow F	li11				Word	este	r	
EC.	10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN C	OR LOCAT	ION				-	1	Od, INSIDE CITY	
ā	Pennsylvania Mo	ontgomery		F	loyer	sfor	d					1	LIMITS?	
IAL	10e. STREET AND NUMBER			101	ZIP COD	E			10g. CITIZI	EN OF WH	AT COUNTRY?			
FUNERAL DIRECTOR	5th & Spruce St.						194	68			USA			
FU	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. AF		13.	WAS DEC	ENDENT C	F HISPA	NIC ORIG	IN? (Specify Yes Rican, etc.)	or No- 1	4. RACE Black, V	- American Indian, White, etc.	
ВУ	3 Wildowed 4 Divorced	IF YES, GIVE V	AR OR DATES				2 🔀 NO			, , , , , ,		Specify:		
ED	15. DECEDENT'S EDU		16a. DE	ECEDENT'S	USUAL O	CCUPATIO	iN		16	Ib. KIND OF BUS	INESS/INDU	Whit	e	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5) (G	ive kind of Do NOT u	work done is retired.)	during mo:	st of working	g						
MP	12	0	ho	usewi	fe					none				
00	17. FATHER'S NAME (First, Middle, Last)									Middle, Maiden				
BE		reedman						lia		(Unknow				
5	190. INFORMANT'S NAME (Type/Print) Cyvia F. Marmer									mber, City or Town				
			20b. PLACE					Sa.		ury, MD				
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Annual and			17.7		1e		7E 20c. LOC /17 Ph				
	21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE	- I ROOS	evelt	22.	NAME AN	D ADDRES	SS OF FA	CILITY		rrade	Tpnia	a, ra	
	> NElde	llin								Home ., Sali	shurv	МП	21801	
	23. PART I. Enter the diseases, or o	complications the	t codsed the de	eath. Do r	ot enter	the mod	de of dyl	ng, suc	h ss ca	rdlac or respir	atory sme	st,	Approximate	
	shock, or heart feliure. IMMEDIATE CAUSE (Finsi	Liet only one gau	se on each iine										Interval Between Onset end Death	
	disease or condition resulting in death) s. A COTE DUL IN DIVIDING EN ENTA										ון ממן			
z												2 ukz		
CERTIFICATION													10475	
5	The state of the s	a HUPE	OR AS A CONSE	VB (ARK	no V	ASCV.	LMP	PI	35428			104125	
Ē	that initiated events resulting in death) LAST		(ON AS A CONSE	JUENCE U	·):									
		d											1	
CAL	PART II. Other significant condition	e contributing to	death but not r	resulting	n the un	derlying	Cause g	lven in	Pert I.	24a. WAS AN A PERFORI			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
	CHRIBRA	HINDY	WI WI	7 H	DE	MA	NIII	<u> </u>		1 - YES 2	NO		OMPLETION OF CAUSE F DEATH?	
M	NVIRITIO	WAL !	BILUR	E							,	1	YES 2 NO	
PHYSICIAN: MED	25. WAS CASE REFERRED TO MEDICAL						_							
SC	EXAMINER?	HOSPITAL:		- I	OTHER	t:	ACE OF DI							
H	27. MANNER OF DEATH	1 Inpatient 2 I	INJURY	28b. TIM	E OF	28c, INJL		sidence		er (Specify) SCRIBE HOW IN	HIDV OCCI	BED		
ВУ Р	1 Netural 5 Pending	(Month, Di	ey, Year)	INJ	URY	WOF] NO	200. 00	SOURCE HOW IN	JOH! OCCU	HED		
										le Number,				
COMPLETED	4 Homicide detarmined		oral (opecity)						City	or Town, State)				
PLE	29a. CERTIFIER (Check only	CIAN: To the best of	my knowledge, de	eth occum	d at the ti	me, date	and place,	and due	to the co	use(a) and manr	ver as stated			
Ö	one) 2 MEDICAL EXAMINE												nd manner as stated.	
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	0 1				14	29c. LICE	NSE NUM	ABER		29d. DATE S	SIGNED (M	onth, Day, Year)	
TO B	(oten la.	Er Man	MA				MO	D.	05	865	P /	COV1	5,1993	
	30. NAME AND ADDRESS OF PERSON WA							21	0	xx133				
	Robert La Mar C/(O Harrisc) W.	Mari	cet S	ot.,	Sno	W HIII	, Md.	218	363	
3	31. DATE FILED (MONTH, Day, 1881) 10 1 6 1993. Ficher Davidson-Rondale.													

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	ı	1. DECEDENT'S
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	ı	4. SOCIAL SECU
	ı	1.1.0
	П	77111-

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		STATE OF I			CATE O			MENTAL HY	G. NO.		
1. DECEDENT'S NAME (First,	, Middle, Lest)							2. DATE OF D		WEAR	3. TIME OF DEATH
KEN	INET	7+ Gera	ld	FOST	TER.			МОНТН	177	3 YEAR	P:3/8/2
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. les	**	IF UNDER 1 YEAR			7. DATE OF SI	W 1-273	8. BIRTI	HPLACE (State or Foreign
344-21-0	14/2	18 M 2 🗆 F	2.7	YRS.	NONTHS DAYS	HOURS	MIN.	137	4/30		rth Carolina
9a. FACILITY NAME (If not in	etitution, give str	set and number)	111	. 9	SP. CITY, TOWN	OR LOCATIO	ON OF DE	ATH	Sc. CO	UNTY OF E	DEATH
VANNET	in of	I shall	and la	1,00	1	60/1	rim	esa	Bo	4/4	Til wan
RESIDENCE OF DEC	10b. COUNTY	2	5	400 CITY	TOWN OR LOC	ATION					10d. INSIDE CITY
Maryland	Wico				nticoke	- 11-11-1					LIMITS?
10a. STREET AND NUMBER	WICO	mico		Nai		10f. ZIP CODE			L 100 C1	TIZEN OF	1 YES 2 NO
Old Wharf F	o a d					2 184				USA	WHAT COUNTRY?
11. MARITAL STATUS	Toau	12. WAS DECEDEN	T FVFR IN II S AS	MED	12 WM 9 D			IC OBIGINS (8×	ecify Yes or No-		E American Indian
1 Never Married 2 3 Uldowed 4 Divo			YES 2 X		If yes,		n, Mexicar	n, Puerto Rican,		Spec	E — American Indian, k, Whita, etc. #/y: 1110
	EDENT'S EDUC		16a. DE	CEDENT'S U	SUAL OCCUPA	TION	wa	16b. KINC	OF BUSINESS/II	DUSTRY	
Elementary/Secondary (0		College (1-4 or 5	Ma	Do NOT use	retired.)	most of worker	v				
10		0	d	river				Tru	cking		
17. FATHER'S NAME (First, M	liddle, Last)					18. MOTH	HER'S NAI	ME (First, Middle,	, Maiden Sumame)		
James (ur		Foster				Nir		Adel1			
19a. INFORMANT'S NAME (7									ty or Town, State, a	Zip Code)	
Clara T. F	-						icol	ce, MD			
20a. METHOD OF DISPOSIT 1 M Burlet 2 Cremetic	on 3 🗆 Ramo	val from State		and DATE OF matory or other	F DISPOSITION (or place)	Name of		OATE	20c. LOCATION -		
4 Donation S Other	-	neer A	New	Hope (Cemeter	AND ADDRES		11/22	Will	ards.	MD
11-6	11	1///	1//					neral H	lome		
you	XVI.	(tel,	busi	1					Salisb	ury,	MD 21801
23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	aart fallure. L	List only one cau	TRACK (OR AS A CONSE VGRE	CANIF	72	HEM	nor		E		Interval Between Onset and Death
Sequentially list conditions, is adding to immecause. Enter UNDERLY: CAUSE (Disease or injuitant initiated eventa resulting in death) LAS	dista ING Iry	DUE TO	(OR AS A CONSE	DUENCE OF)	:			erhy 7	1)	
PART II. Other algnifica	S 2	contributing to	-	reaulting in		HOLE			WAS AN AUTOPS PERFORMED? YES 2 NO	248	o. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	O MEOICAL	HOSPITAL:	ER/Outputlent 3		OTHER:	PLACE OF D	-1-0	6 Other (Spe	ocify)		
	Pending Investigation	28e. DATE OF (Month, E		20b. TIME INJU	OF 28c. I	NJURY AT WORK?			E HOW INJURY O	CCURED	
3 Suicide 6	Could not be determined	28e. PLACE C building,	F INJURY — At he	ome, ferm, sti	reet, fectory, of	fice		281. LOCATION City or Tox	(Street and Numb vn, State)	er or Rural .	Route Number,
29b. SIGNATURE AND TITLE	OF CERTIFIER	5. B	xamination and/or	Investigation	, in my opinion	, death occur		time, data and p	place, and due to	the cause(e) and manner as stated. D (Month, Day, Year)
30. NAME AND ADDRESS OF	n.S.	225 GR	SE OF DEATH (ITE	M 27) (Type, 1		PLTIN	PORC	E N	410) 32 D 2/	8-86	67
31. DATE FILED (Month, Day,	11.00		Davidson-	Rande	2						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within emfours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF	MARYLAND / Ci		ICATE				MENTAL	HYGIEN REG. NO.		,	
	1. DECEDENT'S NAME (First, Middle, Last)	ia	В.			ncke			2. DATE O MONTH NOV.		lv .	YEAR	3. TIME OF DEATH 2:33 P.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH		8. BIRTHP	LACE (State or Foreign
	217-76-0755	1 🗌 M 2 🔀 F	90	YRS.	MONTHS	DAYS	HOURS	MIN.	DEC.	Day, Year) 11,19	002	New	York
	Sa. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY,	TOWN OF	R LOCATI	ON OF D			V	NTY OF DE	
DIRECTOR	Memorial Hospital	at Eas	ton		Fas	ston					Та	lbot	
l m	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN C	R LOCATIO	ON			-			10d. INSIDE CITY
		bot			Eas	ston							1 YES 2 XNO
FUNERAL	10e. STREET AND NUMBER					101.	ZIP COD	E			10g. CITI	ZEN OF WI	HAT COUNTRY?
当	7635 Tred Avon						21	601				USA	
BY FUI	11. MARITAL STATUS 1	FORCES?	NT EVER IN U.S. AR I YES 2 X MAR OR DATES	MED NO		MAS DECE 1 yes, spec 1 YES :	olfy Cubi	in, Mexica	NIC ORIGIN? in, Puerto Ri	(Specify Yes can, etc.)	or No	14, RACE Black, Specify	
													White
COMPLETED	15. DECEDENT'S EOUC (Specify only highest grade of		16a. DE	CEDENT'S	Work done of se retired.)	CCUPATION during most	N t of workli	ng	16b, I	CIND OF BUS	INESS/INC	DUSTRY	
1 2	Elementary/Secondary (0-12)	College (1-4 or 5	*)										
OM G	17. FATHER'S NAME (First, Middle, Last)		H(omem	aker		40 1407	UEDIO NA	ME (First, Mi	Own I			
	Benjamin Clark	e Finc	ke						a Pos				
	19a. INFORMANT'S NAME (Type/Print)			h MAH INC	AOORECC	/Ct= at a=			Route Numbe				
TO BI	Edwin J. Singl								ry, \				8
examiner must be	20a. METHOD OF DISPOSITION 1 Burlal 2.0.1 Cremation 3 Remo	val from State	20b. PLACE of cornetery, cre	matory or o	ther place)				OATE			City or Tow	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	NCEE	Salis	sbur		CEMA				Sal	isb	ury,	MD
		.1146							eral	Home	. P	. A.	
			ROD		2	200	s.	Har	rison	st.	- E	asto	n, MD
1000	23. PART I. Enter the diseeses, or co shock, or heart failure. L	omplications the	et ceused the de	eth. Do	not enter	the mod	e of dy	ing, suc	h aa cerdie	oc or respi	ratory arr	reat,	Approximate Interval Between
	IMMEDIATE CAUSE (Final												Onset and Death
emi, in	disease or condition resulting in death)	OLCU OUE TO	(OR AS A CONSE	OUENCE O	etu.	ريص	حم	rde	ac	Pai	lw	س	3 days
			OR AS A CONSE										54
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO	(OR AS A CONSE	DUENCE O	P: 0								June 1
S	Cause. Enter UNDERLYING CAUSE (Disease or Injury	au	terios	cle	rust	ie &	20	int	Les	CALO	y	u	contain
	that initiated events	DUE TO	(OR AS A CONSE	DUENCE O	F):								
	resulting in death) LAST												
	PART II. Other algnificent conditions	contributing to	deeth but not r	eaulting	In the un	deriving	COURS (alven In	Part I	4a. WAS AN	ALITOREV	245.3	WERE AUTOPSY FINDINGS
≥ 3									741.1.	PERFOR			NAILABLE PRIOR TO COMPLETION OF CAUSE
ED		- 11 - 0 1	ary.	A TY		Jac	-100	_		YES 2	NO.		OF DEATH?
Z									-			1	YES 2 NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF D	EATH /Ch	eck only one)				
SC		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	t:			6 Other	2			
H H	27. MANNER OF GEATH	26a. DATE OF	INJURY	28b. T/M	E OF	28c. INJU	RY AT	sidence		RIBE HOW IN	JURY OCC	CURED	
	1 Natural 5 Pending	(Month, E	Pay, Year)	IN.	URY M	1 YE	K? S 2	NO					
	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE C	F INJURY — At ho	me, farm,	street, facto	ory, office			281. LOCAT	ION (Street a	nd Number	or Rural Ro	ute Number,
9 III	4 Homicide detarmined	bullding,	etc. (Specify)						City or	Town, State)			
F	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, de	ath occum	ed at the th	me date e	nd place	and due	to the cause	(a) and man		ad.	
SE COMPLETED	(Check only one) 2 MEDICAL EXAMINER												and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE	NSE NUN	MBER		29d. DATI	E SIGNED (Month, Day, Year)
Fl m	Robert W. Tr	ever.	M.D						38				
2	30. NAME AND ADDRESS OF PERSON WHO			W 27) (Туре	Print)						14	ov.	1993
	7696 Ocean	Gat	eway	E	ast	no	W	1.2	2160	1			
	31. DATE FILEO (Month, Day, Year)		R'S SIGNATURE										-
	DEC 2 1993 d	Ra Navid	m- Brodel	2									

BALTIMORE, MARYLAND 21215-0020 ther death. Page 6 may be retained by the house. The lineral director, page 5 children al. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the house and the solution of the standard of the stand

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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9	e de	6
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or	10 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for he find within 79 hours after death with the State heart of health and Mental Hydene prior to burial cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
EN	R. P.	-
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M	35	=
9	EB	=
8	5	*
T.	m =	E
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P	P 1	3
	F 5	-

	FOR	CTATE OF MADVI	AND / DEDAG	THEFNIT	05 115		D BEENTS	LIVOITA		93	36062
	1 - STATE REGISTRAR	STATE OF MARYL	CERTIF				U MENIA	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE	OF DEATH		WEAR	3. TIME OF DEATH
	George	C. Gard	dner				11-		199	3"	5:30 P.M
			In yrs. last birthdey)	IF UNDER		IF UNDER 24 HI	(Mont	OF BIRTH h, Day, Year)		8. BIRTHP Country)	LACE (State or Foreign
	213-18-2805	<\m²□ F 72	YRS.	MONTHS	DAYS	HOURS III	9-28	3 - 1921		Md	
-	9s. FACILITY NAME (If not institution, give street	t and number)		9b. CITY,	TOWN OR	LOCATION O	F DEATH	1.44.4	9c. COUN	TY OF DE	ATH
5	15 Park St.			Lon	aco	ning		A	lleg	gany	
EG	10e, STATE 10b, COUNTY		10c. CI	TY, TOWN O	R LOCATIO	ON				1	10d. INSIDE CITY
DIRECTOR	Md Allega	ıny	Lon	acon	ing						LIMITS?
	10s. STREET AND NUMBER	· · · · · · · · · · · · · · · · · · ·			10f. 2	ZIP CODE				EN OF W	HAT COUNTRY?
FUNERAL	15 Park St.				21	539			USA	A	
S	11. MARITAL STATUS	2. WAS DECEDENT EVER IN	U.S. ARMED					N? (Specify Yes	or No-	14. RACE	- American Indian, White, etc.
ВУ Е	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	ATES			NO S	exican, Puerto pecify:	PRICERI, OTC.)		Jhit	
	15. DECEDENT'S EDUCAT										
E	(Specify only highest grade cor	mpleted)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done d			160	. KIND OF BUS	Pape		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)	Millwr				V	Vestva			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S		Middle, Maiden		1	
	Alexander Gard	lner						Corsto		ne	
BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS	(Street and	d Number or R	lural Route Nun	ber, City or Tow	n, State, Zip	Code)	
5	Mrs. Janice Lee	Harbaugh	13 V	ocke	Dr	Īa	1721a	Md. 2	1502)	
	20a METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remove	201	DI ACE AND DAT	F OF DISPO	DITION 6	Name	DAT	F 20c 10	CATION - C	lity or Tow	rn, State
	4 Donation 6 Other (Specify)	S ₁	cemetary, cremator	em_	Parl	k 11-	23 + 93	Cun	nberl	and	,Md.
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22.1	NAME AND	ADDRESS O	F FACILITY				
	* Jona & Mill.			Ei	chh	conin	cKenz Md	Zig ₁ F ₃	gera	il H	ome
	23. PART . Enter the diseasee, of con	nplications that cause	d the death. Do		_		0,				Approximate
	ahock, or heert fellure. Lie iMMEDIATE CAUSE (Finel	it only one cause on e	ech line.								Onset and Death
	disesse or condition resulting in death)	MI									
	tooding in doday	DUE TO (OR AS /	A CONSEQUENCE (OF):							
N	Sequentially list conditions, b.	CRD									
Ĕ	if any, leading to immediats cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE (OF):							
2	CAUSE (Disease or Injury	DUE TO (OR AS /	A CONSEQUENCE (NEA-				_			
CERTIFICATION	that initiated events resulting in death) LAST	502 10 (51176)	, conscapinor (. ,.							
CE	d										
AL	PART II. Other significent conditions	contributing to death b	out not resulting	in the un	derlying	cause give	n in Part i.	24a. WAS AN PERFOR			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DIC					_			1 TYES 2	ON M		COMPLETION OF CAUSE OF DEATH?
ME										30	1 TYES 2 NO
PHYSICIAN: MEDICAL	1										
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ICE OF DEATI	H (Check only o	ne)			
YSI	1 U YES 2 💢 NO 1	☐ Inpatient 2 ☐ ER/Out		4 🗆 Nurs		5 Reside	nce 6 🗆 Oth				
PH	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)	20b. Til	JURY	28c. INJU WOR	BK?		SCRIBE HOW I	INJURY OCC	URED	
BY	2 Accident Investigation	20 21 405 05 11 11 11		M		ES 2 N					
6	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe		street, fact	ory, office			CATION (Street or Town, State)		or Rural R	oute Number,
ᄪ	no certicien	1								100	
MPL	(Check only										
COMPLETED	2 MEDICAL EXAMINEN:	On the basis of examination	m ena/or investigat	ion, in my o	pinion, de			e and place, ar	na due to th	e cause(e)	and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1/2				29c. LICENSI	G I		29d. DATE	SIGNED	(Month, Day, Year)
- 1	TICIUL	lut le.				UX8	110		/	1/2	4 93

500 Memoria

3007 1 30

H.C. Mariner St. Francisco Controlled (6 1904)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE O	F DEATH	REG.	NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEAT			3. TIME OF DEATH
	CARRIE	Н.	GALI	3			Novembe	r 12.	199	3:08 pm
	4. SOCIAL SECURITY NUMBER 218-34-8633	5. SEX 1 M 2 7 F	8. AGE (In yrs. las		# UNDER 1 YEA		7, DATE OF BIRTH	l vr)	8. BIRTI	HPLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Deer's Head Center Salisbury Wicomico									DEATH
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY									
DIRECTOR	Md. Wic	omico		10c, CIT	y, town on Lo Sali	sbury				10d. INSIDE CITY LIMITS? 1 YES 2 XHO
FUNERAL	27054 Nantic	oke Roa	d			101. ZIP CODE 2180	1		S.Z	WHAT COUNTRY?
BY	11. MARRITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES Z	MED IO	If yes,	DECENDENT OF HISPA apocity Cuban, Mexic (ES 2 X NO Speci	an, Puerto Rican, etc	y Yes or No— .)	Blac	E — American Indian, ek, White, etc. eh/Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(GI	CEDENT'S ive kind of a Do NOT us	USUAL OCCUP. vork done during se retired.)	ATION most of working	16b. KIND OF	BUSINESS/IN	DUSTRY	
MP			Но	me N	laker	_	Ow	n Hom	e	
BE CO	17. FATHER'S NAME (First, Middle, Last) Grant S. Lone	g					via S.			
2	19a. INFORMANT'S NAME (Type/Print) Walter R. Ga:	1.0				et and Number or Rural				
	20s. METHOD OF DISPOSITION				FDISPOSITION		DATE 200			Md. 21801
1	12 Burial 2 ☐ Cremation 3 ☐ Remo 4 ☐ Donation 5 ☐ Other (Specify)	oval from State	cemetery cre	matery of o	n Cen		11/17/9			
	21. SIGNATURE OF FUNERAL SERVICE LICE	b, Mes	0-417		Mes Biv	sick Fur alve, Ma	neral H aryland	ome, 2181	P.O.	. Box 61
	23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that	caused the de	eth. Do r	ot enter the	mode of dyling, suc	ch as cerdiac or r	espiratory at	rrest,	Approximate
	IMMEDIATE CAUSE (Final disease or condition				dian	200				Interval Between Onset and Death 2 years
		End st Diabeti			•	ase				
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	~	OR AS A CONSEC		-					
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	NUENCE OF	5):					
CEI		l								1
DICAL	PART II. Other significant conditions						Part I. 24a, WA	S AN AUTOPSY FORMED?	24b	MALABLE PRIOR TO
MEDIC	<u>Cerebrovascul</u> arteriosclerot		dent. diovas				1 🗆 YE	S 2 NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:										
SC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	5050.4-41.4		OTHER:	PLACE OF DEATH (C)	, , , , ,			
¥ I	27. MANNER OF DEATH	1 npetient 2 -	NJURY	26b. TIM	E OF 28c.	ome 5 Aesidence	6 Other (Specify) 28d. DESCRIBE H	OW INJURY OF	CURED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day	(, Year)	i inj	M 1	WORK?				
- 11	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	INJURY — At hor tc. (Specify)	me, farm, s	street, factory, o	ffice	281. LOCATION (St City or Town, S	reet and Numbe Itale)	or Rural I	Roule Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYING PHYSIC (Check only one)									
	2 MEDICAL EXAMINER	CON THE DESIG OF SIZE	imination and/or ii	nvestigatio	n, in my opinio			a, and due to t	he cause(e	a) and manner as stated.
H	296. SIGNATURE AND TITLE OF CERTIFIER	34		1		D1509			TE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	1 27) (Type,	Print)	21303			; , _	12-75
	ELSA GORIS, M.I	P.O.F	30x 20	18 S	alisb	ury, Md.	21802			
3	NOV 1 5 1993	32. REGISTRAR	son-Rand	W.						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be nelitled at once.

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020,

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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				IFICATE OF		REG. NO		
4	1. OECEDENT'S NAME (First, Middle, L					2. DATE OF DEATH MONTH	DAY YEA	
	DONNA J. GE.					12	1 93	4:00 pi
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthdo	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	a	IRTHPLACE (State or Fore ountry)
	214-36-8402 9e. FACILITY NAME (If not institution, g		52			Oct.8,19		West. Va.
2	Greater Baltim	ore Medica	1 Center		OR LOCATION OF D	EATH	sc. county o	ltimore
DIRECTOR	10a, STATE 10b, CO		10c.	CITY, TOWN OR LOCA	TION			10d. INSIDE CITY
	Maryland B	altimore		Phoe	enix	-		1 YES 2 K
FUNERAL	13803 Princess	Anne Way		.10	M. ZIP CODE 2113]			OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARMED I YES 2 KNO MAR OR OATES	If yes, s		NIC ORIGIN? (Specify Wan, Puerto Rican, etc.) by:		RACE — American Indian Black, White, etc. Specify: White
9	15. DECEDENT'S (Specify only highest of	EDUCATION trade completed		T'S USUAL OCCUPATE of work done during m		16b. KIND OF B	JSINESS/INOUSTF	
	Elementary/Secondary (0-12)	College (1-4 or 5	+) We. Do NO	T use retired.)				
COMPL	12		Medic	al Secret			Chilimir	ndris
	17. FATHER'S NAME (First, Middle, Last				Naomi	ME (First, Middle, Melde	n Surneme)	
B	Unknown 190. INFORMANT'S NAME (Type/Print)		106 MAN	ING ACCRECE /Comme		ENNIS Route Number, City or To	um Chaba Zin David	2
2	Michele German					Baltimo:		
	20e. METHOD OF DISPOSITION		20b. PLACE AND DA	TE OF DISPOSITION (N	ame of		OCATION — City of	
	1 Burlal 2 Cremation 3 1 4 Donation 6 Other (Specify)	Removal from State	Carroll	Crematic	ons			d, Maryland
	21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE	(21.		ND AOORESS OF FA	00 000	Funera	
	23. PART I. Enter the diseases, shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications the	at caused the death. Duse on each line.				mpstead,	, Md. 21074 Approximat Interval Bet
ERTIFICATION	shock, or heart falls IMMEDIATE CAUSE (Final disease or condition	a. Due To	at caused the death. Duse on each line. Or AS A CONSEQUENCE Or AS A CONSEQUENCE Or AS A CONSEQUENCE	o not enter the mo			mpstead,	, Md. 21074 Approximat Interval Bet
MEDICAL	shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO d. OUE TO	O OR AS A CONSEQUENCE	o not enter the mo	wrQ Ca	Part I. 24a, WAS A	mpstead piratory arrest,	Approximatintarval Bet Onaet and I Reproximatintarval Bet Onaet and I Reproximation of Carlo Completion of Carlo Car
MEDICAL	shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. DUE TO b. OUE TO c. OUE TO d. HOSPITAL:	O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE) O (OR AS A CONSEQUENCE)	o not anter the more of the mo	wrQ Ca	Part I. 24a. WAS A PERFC	mpstead piratory arrest,	Approximatinterval Bet Onset and I RUK Approximatinterval Bet Onset and I RUK AMALABLE PRIOR TO COMPLETION OF CALOF DEATH?
SICIAN: MEDICAL	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	a. Due To b. OUE TO c. OUE TO d. HOSPITAL: 1 Inpatient 2	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	o not anter the more than the more than the more than the corp. 25. P OTHER: 4 Nursing Hotel	DOME OF DEATH (C)	Part I. 24a. WAS A PERFC 1 YES	portead portet, portet	Approximatintarval Bet Oneet and I Reproximatintarval Bet Oneet and I Reproximation of Capable Prior To Completion of Capable Prior To Capable Pri
PHYSICIAN: MEDICAL	shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	a. DUE TO b. OUE TO c. OUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, L.	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	o not anter the more than the	Date of dying, such that the s	Part I. 24a, WAS A PERFC 1 YES	portead portet, portet	Approximatintarval Bet Onset and Ons
ETED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF CEATH	a. Due to b. OUE TO c. OUE TO d	O (OR AS A CONSEQUENCE O (OR AS A CONSEQUENCE	E OF): 25. P A OTHER: A Unursing Hot NIJURY M 1	ede of dying, such	Part I. 24a. WAS A PERFC 1 YES	NAUTOPSY PRIMED? 2 (DATO	Approxima Interval Be Oneet and ZWK Z Q U

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ONOIS	CAIDIAL

	1 - STATE REGISTRAR	STATE OF				T OF HEA E OF D		D ME	NTAL HYGIEN) (0000	1
	1. DECEDENT'S NAME (First, Middle, L	,							REG. NO			3. TIME OF DEATH	_
	James John H	ume						N	NONTH 20,	1993	YEAR		м
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs.	last birthday)	IF UNDE		UNDER 24 HR	. 2	DATE OF BURTO		8. BIRTH	IPLACE (State or Foreign	_
	015-20-8271	1 💢 M 2 🗌 F	63	YRS.	MONTHS	DAYS HO	URS MIR	S	(Month, Day, Year) ept. 19,	1930	Ma	y)	
	Sa. FACILITY NAME (If not institution, g	ive street and number)			9b. CITY	Y, TOWN OR L	OCATION O	DEATH	1		NTY OF D		_
l e	Colton Villa N	ursing Hom	e		Ha	gersto	wn			Was	shing	ton	
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, CO			10.00									
E	102.00	shington			y, town o	DR LOCATION						10d. INSIDE CITY LIMITS?	
1	104. STREET AND NUMBER	SHITHECOH		Tid	gers							1 X YES 2 NO	
I A	7 E. Washington					101. ZIP						VHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVED IN II S	ARMED			740			US			
BY FI	1 Never Married 2 Married 3 Widowed 4 XDivorced	FORCES?	X YES 2 MAR OR DATES	NO		If yes, specify	Cuban, Me	ricen, Pr	ORIGIN? (Specify Yes uerto Rican, atc.)	or No-	14. RACE Black Speck	— American Indian, i, Whita, atc. White	
	15. DECEDENT'S	EDUCATION	16a,	DECEDENT'S	USUAL O	CCUPATION			16b. KIND OF BUS	NINESS/IND	USTRY	will re	_
<u> </u>	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of a life. Do NOT us	work done se retired.)	during most of	working			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OJ INI		
M M	12 years		8	guard					pris	son			
COMPLETED	17. FATHER'S NAME (First, Middle, Last,					18.	MOTHER'S	NAME (First, Middle, Maiden		_		_
BE	James W. Hum	e					mily	J.					
TO	Patricia Mil	ler		P. O.	Box	S (Street and N	Hag	el Route	Number, City or Town	r, State, Zip	Code)	1740	
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetton 3 F	era en vera villa c	20b.PLAC	E AND DATE	OF DISPOS	SITION (Name of				CATION —			
	4 Donation 5 Other (Specify)		ROSE	Hill	cher place)	etery		1				, Maryland	
1	21. SIGNATURE OF FUNERAL BERVICE	LICENSEE	0		22.	NAME AND AL	ODRESS OF	FACILIT	Υ				_
3	Leudo).	1/ unnic	1		F)	erald meral	N. Mi Hon			N. F	oton	ac Street	
	23. PART t. Enter the diseases,	or complications the	t caused the d	deeth. Do n					ragiles or read	ersto	wn,	Maryland	_
	ahock, or heert fellu IMMEDIATE CAUSE (Finel	re. Liet only one cau	ise on each li	ne.			aying, o		Curdiac or reap	atory arr	out,	Approximate intervel Between	
	disease or condition resulting in death)	-		< v	. 4							Oneat and Daa	th
	to satisfy	DUE TO	IOR AS A CONS							_			_
N N	Sequentially list conditions,	b										!	
CERTIFICATION	if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	IOR AS A CONS	EOUENCE OF	7:								
5	CAUSE (Disease or Injury	c	(OR AS A CONS	EQUENCE OF									
E	thet initiated events resulting in death) LAST	332.10	(011 25 2 00113	EGOENCE OF).								П
		d											
MEDICAL	PART II. Other significant conditions		death but not	resulting i	n tha un	derlying cau	ısa given	in Part	I. 24a. WAS AN A		24b,	WERE AUTOPSY FINDING	S
8	CHE M	and DW							1 TYES 2	/		AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME											- 1	1 YES 2 NO	
ž													
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕЙ	26. PLACE	OF DEATH (Check o	nly one)				
YS	1 YES 2 AND	1 Inpatient 2			4 @ Nur		Residenc	. 80	Other (Specify)				
	1 Natural 5 Pending	28a. DATE OF (Month, D.	INJURY sy. Year)	28b. TIME	JRY	28c. INJURY / WORK?	AT	28d	. DESCRIBE HOW IN	JURY OCC	URED		
BY	2 Accident Investigation		F 404 414004		М	1 YES	2 NO	1					
	3 Suicide 8 Could not 4 Homicide determined		FINJURY — At hate. (Specify)	ome, farm, s	treet, facto	ory, office		281.	LOCATION (Street as City or Town, State)	nd Number	or Rural Ro	oute Number,	
<u> </u>	29e. CERTIFIER												
₫	(Check only	YSICIAN: To the beat of	my knowledge, d	leath occurre	d at the ti	me, data and p	place, and d	ue to th	e cause(a) and man	nor as state	d,		
> II		INER: On the basis of a	amination and/or	Investigation	i, in my of	pinion, death o	occured at t	he time,	data and place, and	dua to the	cause(s)	and manner as stated.	
8						29c.	LICENSE N			29d, DATE	SIGNED (Month, Day, Year)	٦
BE COMPLETED	29b. SIGNATURE AND TITLE OF CERTI		tt- m	0									
BE	AND THE MESSAGE	1-100				Q	(80	19		• (1,2:	2 33	
	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH JIT	ЕМ 27) (Туре,							1,2:	2 93	_
TO BE	30. NAME AND ADDRESS OF PERSON VASANT DA	WHO COMPLETED CAUS	E OF DEATH JITE	EM 27) (Type,					102171		1,2:	2 33	_
TO BE	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUS	E OF DEATH JITE	EM 27) (Type,					102171		(,2:	2 73	-

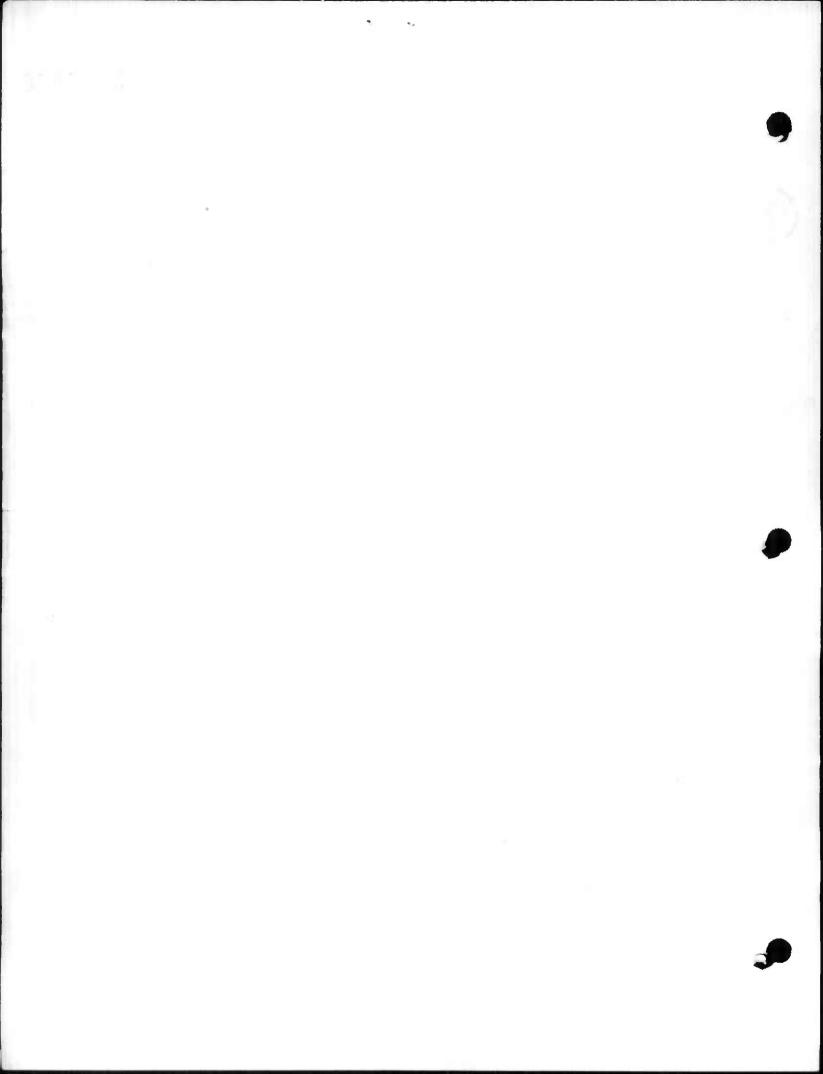
0	Ž	it ages 1, 2, should
BALTIMORE, MARYLAND 21203-3146	ter death, Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit oval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the completely filled in by the funeral director, page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bube filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - REGISTRAR	CERTIFIC	ATE OF	DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEATH	AY YEAF	3. TIME OF CEATH		
i	Jean F. HARSH				11-22-	93	5:32 A M		
i	4. SOCIAL SECURITY NUMBER 5. SEX 6. AOE (In	yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH	8. Bif	RTHPLACE (State or Foreign		
	213-24-9750 1 M 2XXF 65	YRS.	ONTHS DAYS	HOURS MIN.	Dec.3, 192	7 We	st Virginia		
TOR	Ravenwood Lutheran Village		Hagers		AIH	%c. COUNTY OF DEATH Washington			
<u> </u>	10s. STATE 10b. COUNTY	10c. CITY.	TOWN OR LOCAT	ON	,		10d. INSIDE CITY		
DIR	Maryland Washington	Wi	illiams				LIMITS? 1 X YES 2 NO		
FUNERAL DIRECTOR	100. STREET AND NUMBER 16109 Cloverton Lane		101.	21795		10g. CITIZEN O	F WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, OIVE WAR OR DAT	2 NO		cify Cuban, Maxica	IIC ORIGIN? (Specify Yea n, Puerto Rican, atc.)	В	ACE — American Indian, lack, Whita, atc. pecify: White		
	15. DECEDENT'S EDUCATION	16e. DECEDENT'S US			16b. KINO OF BU	SINESS/INDUSTR	Y		
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) 12 College (1-4 or 5+)	Secreta		it of working	Educat	ion			
M	17. FATHER'S NAME (First, Middle, Last)	0001010	31 y	16. MOTHER'S NA	ME (First, Middle, Maiden				
Ö	Howard	Sande	ers	Chai	rlotte W	ilhemin	a McKee		
BE	19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow				
2	Donald R.Harsh,Sr.	16109	Cloverto	on Lane	Williamsp	ort.MD	21795		
	20a. METHOD OF DISPOSITION 20b. F	PLACE OF DISPOSIT				CATION — City or			
		other place) Iar Lawn Me	morial Pa	rk Nov.24	1993 Hag	erstown	,MD 21740		
	21. SIGNATURE DE FUNERAL SERVICE LIDENSEE		OSBOR	D ADDRESS OF FA	AL HOME		2.2.000 (28)		
-	23. PART I. Enter the diseases, or complications that caused				Williamsp		21795 Approximate		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ch line.	xtice		UALY ED		Interval Between		
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Johny)	CONSEQUENCE OF):							
핑	0.								
MEDICAL	PART II. Other significant conditions contributing to deeth but	t not resulting in	the underlying	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
AN	25. WAS CASE REFERRED TO MEDICAL		na Pu	ACE OF DEATH (Ch	ack ank one)				
PHYSICIAN:	EXAMINER? HOSPITAL:		OTHER:						
148	1 YES 2 NO 1 Inpetient 2 ER/Outpet 27. MANUER OF DEATH 28s. DATE OF INJURY	28b, TIME	-	e 6 ∐ Residence URY AT	6 Other (Specify) 26d, DESCRIBE HOW	INJURY OCCURE	0		
	1 Natural 5 Pending (Month, Day, Year)	INJUI	RY WO	RK7 YES 2 NO					
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)								
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowle one) 2 MEDICAL EXAMINED On the basis of examination						se(s) and manner as stated.		
Ш	2016/SIGNATURE AND TITLE/OF RENTIFIER			29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)		
00	JU JAN IN			D() 1	641	11-1	7.17		
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	TH (ITEM 27) (Type, F		0.11:121	AE H	2/1-18.4	un Mol		
	31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNA	A		al- Iril		1 20 10-11			
	11-2MM 23 1993 Julie Danden	1- Marchald							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

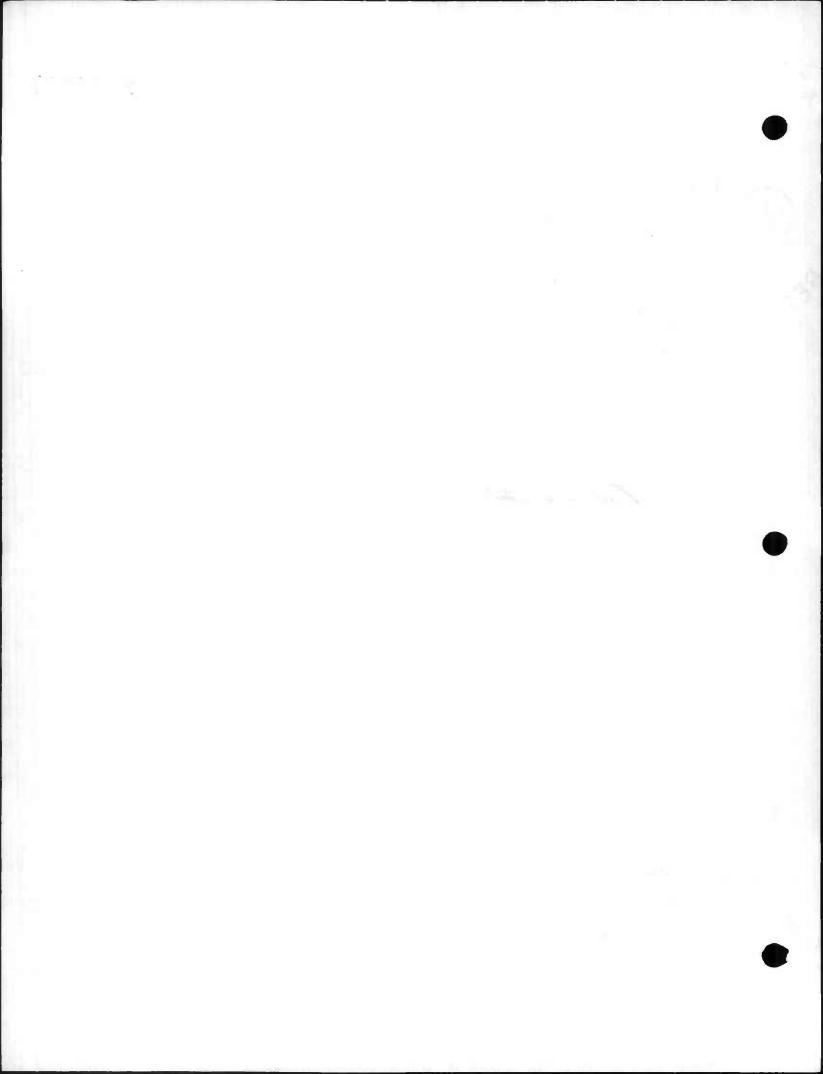
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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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_	112010111111			/LI11111	UAIL	. VI	DLA			HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	red Earl	Haines						2. DATE MONTO			YEAR 3	L TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 232-26-1443	5. SEX 1 M 2 F	6. AGE (In yrs.)	lest birthdey) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Monti	OF BIRTH h, Day, Year)	98	Country)	ACE (State or Foreign	
DINECTOR	Do. FACILITY NAME (If not institution, give a Colton Villa Nur		9b. CITY,	Hagerstown Washin					тн					
	RESIDENCE OF DECEDENT													
	Maryland Wash	ington		711	gerst	ow	n					1	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	14225 Oaks Sprin	g Road			101. ZIP CODE 21742-1331					10g. CITIZEN OF WHAT COUNTRY? United STates				
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. A YES 2 TAR OR DATES	S 2 NO If yes, specify C			pecify Cube	ENT OF HISPANIC ORIGIN? (Specify Yes or No- Cuben, Mexican, Puerto Rican, etc.) NO Specify:				- 14. RACE — American Indian, Black, White, etc. Specify: White		
	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working the. Do NOT use retired.) Alr craft					DUSTRY						
	17. FATHER'S NAME (First, Middle, Lest)						T 10 MOT	HED'C NA						
	Levin		18. MOTHER'S NAME (First, Middle, Melden Surname) Linie Caroline Freltz											
	Elizabeth Heare	19th. MARLING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14225 Oaks Spring Road, Hagerstown, Maryland21742												
	20a, METHOD OF DISPOSITION 1 ABurlat 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	cemetery, c	20b. PLACE AND DATE OF DISPOSITION (Name of cometery, cremetory, cremetory or other place) Salem Church Cemetery Slanesville, West Virgi											
	21. SIGNATURE OF FUNERAL SERVICE LIC		2		22. N	IAME A	ND ADDRE	SS OF FA		Minnic			Home Md 21740	
1	23. PART I. Enter the diseases, or o	complications the	coursed the	death Do n							-			
	immediate cause (Final	List only one cau	se on each ili	ne.									Approximate Interval Between Onset and Death	
	disease or condition resulting in death) By the state of the conditions, Sequentially list conditions, Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):											Years		
		DUE TO											10	
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	EQUENCE OF):									
	PART II. Other significant condition	a contributing to	deeth but not	resulting i	n the unc	deriyir	ng cause (jiven in	Part I.	24e. WAS AN PERFOR	MED?	A	TERE AUTOPSY FINDINGS IAILABLE PRIOR TO OMPLETION OF CAUSE	
									_	1 TYES 2	₩.	1 7	F DEATH?	
	25. WAS CASE REFERRED TO MEDICAL					26 P	LACE OF D	EATH (Ch	ack ook oo					
	EXAMINER?	HOSPITAL:	FB/Outnetlant	3 🗆 DOA	OTHER	:								
	27. MANNER OF DEATH	26a. DATE OF	INJURY	28b. TIMI	E OF		ne 5 □ Re	HOERCE		r (Specify) CRIBE HOW IN	JURY OO	CURED		
1	1 Natural 5 Pending 2 Accident Investigation	(Month, D	sy, Year)	INJ	M	1 _	YES 2	NO NO						
+	3 Suicide 6 Could not be determined	building,	F INJURY — At I etc. (Specify)	June, tarm, s	ereet, racto	vy, offi	cel .		Zet. LOC City	ATION (Street a or Town, State)	nd Numbe	r or Rural Rou	te Number,	
	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHECK EXAMINE												nd menner as stated.	
	29b. SIQUADURE AND TITLE OF CERTIFIER	5 . /					29c. LICI	NSE NUA	MBER		29d. DAT	E SIGNED /A	fonth, Day, Year)	
	29b. SIGNADURE AND TITLE OF CERTIFIER (Chwan & W. A.) 30. HAME AND ADDRESS OF PERSON WHITE AW 27 & W.)	COMPLETED CALL	SE OF DEATH OF	EM 27) /3	Print)		Do	- 16	62		> /.	1/26	193	
					Juig	for	a St	- H	2921	-s four	u /l	d 71	241	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	Sandan	Rendered										



	REGISTRAR		CI	ERTIF	ICATE C	F D	EATH		A	EG. NO.	•			
	1. DECEDENT'S NAME (First, Middle, Last)								ATE OF D	EATH		3	. TIME OF DEATH	-
3	John F. Ha	rris						N	OV.	14.	1993	YEAR	4:20 A.H	N
- 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEA		UNDER 24 HRS	5. 7. D/	TE OF B	IRTH		8. BIRTHPL	ACE (State or Foreign	-
	220-26-7587	1 M 2 - F	62	YRS.	MONTHS DAY	rs Ho	OURS MIN	1 7	-24	193:	L	Country)	Md.	
	Se. FACILITY NAME (If not institution, give a	· ·			9b. CITY, TOV	VN OR L	OCATION OF	DEATH			9c. COUN	TY OF DEA	ТН	_
Q H	Memorial Hospi	tal			Cumh	erl	and				Al	legar	J	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	,		10c CIT	Y, TOWN OR LO	CATION								Ξ
SIR	Me. Al	Legany			umberla								d. INSIDE CITY	
ار	10e. STREET AND NUMBER					10f. ZIF	CODE				40. 01717		YES 2 NO	_
FUNERAL	50 Utah St.						21502					S.A.		
S	11 MARITAL STATUS	12. WAS OECEDEN	T EVER IN U.S. AR	MED	13. WAS	DECEND	ENT OF HIS	PANIC OR	GIN? (Sp	ecify Yas	_		- American Indian,	_
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W		NO	If yes	, specify	Cuban, Mex NO Spe	tican, Puet	nto Rican	, etc.)		Black, V Specify:	Vhita, atc.	
													White	
TE	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	ive kind of a Do NOT us	USUAL OCCUP	ATION most of	working		16b. KINI	OF BUS	INESS/INDU	ISTRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	•)	Labor					Ama	· la	- 04 -	4.4		
MO.	17. FATHER'S NAME (First, Middle, Last)			Hanoi	er	10	MOTHER'S	NAME (C)	_		Sta	CLOR		_
	William E. Har	ris				10	Mary							
) BE	19a. INFORMANT'S NAME (Type/Print)		191	b. MAJLING	ADDRESS (Stre	et and N	lumber or Rur	ral Route N	umber, Ci	ty or Town	State, Zio (Code)		_
2	Margaret Living	gston		348	Allega	ny	St.,	Fros	tbur	g, N	id. 2	1532		
	26pt METHOD OF DISPOSITION 14 Burlet 2 Cremetion 3 Ram	mal from State	20b. PLACE	ANDDATE	OF DISPOSITION	(Neme o	e e	0	ATE	20c. LOC	ATION — C	Ify or Town	Stata	_
	4 Donetion 5 Other (Specify)		_ St.	Mich	ther place) Ce	met	ery	1	1/16	Fre	stbu	rg, M	d	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/				OORESS OF							_
	> John 7	Ale	414		Dur	st :	Funer.	al H	ome,	Fro	stbu	rg, M	d.	
	23. PART I. Enter the diseases, or o	complicatione that	t ceused the de	eth. Do r	not enter the	moda o	of dying, s	uch aa c	ardiac (or reanir	atory arre	st.	Approximete	_
	shock, or heart failure. IMMEDIATE CAUSE (Final	List only one cau	se on each line),					7051100			27	interval Batweer	
- 1	disease or condition		Bilata	fare	Pneumo	กร่อ							days	.m
	resulting in death)	OUE TO	(OR AS A CONSEC										44,5	_
z	Without and the control of the contr	b.												
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEC	DUENCE OI	F):									-
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	L												
Ë	that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSEC	DUENCE OI	F):									
5		1											-	_
7	PART ii. Other aignificent condition	a contributing to	death but not re	eauiting	in the underly	ying ce	use given	In Part i.		WAS AN A		24b. WI	RE AUTOPSY FINDINGS	-
DICAL	Chronic Obstr	uctive P	ulmonary	y Dis	ease					PERFORM	-	CC	ARLABLE PRIOR TO IMPLETION OF CAUSE	
MEC	Probable Seps	is							1	163 2			DEATH?	
ž	*												_ 123 2 _ NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26.	PLACE	OF DEATH	Check only	one)		-			_
Sign	1 VES 2 AO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER: 4 - Nursing H	lome 5	Residenc	* 8 🗆 O	ther (Spe	cifv)				_
E	27. MANNER OF DEATH	28a. DATE OF (Month, De	INJURY IV. Year)	28b. TIM	7	INJURY WORK?					JURY OCCU	IRED		-
ВУ	1 Natural 5 Pending 2 Accident Investigation						2 🗌 NO							
	3 Suicide 6 Could not be	28e. PLACE Of building,	F INJURY — At horetc. (Specify)	me, farm, s	treet, factory, o	ffica		28f. L	OCATION ity or Tow	(Street en	d Number o	r Rural Rout	Number,	_
COMPLETED	4 Homicide determined									n, orang				
7	(Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, dea	eth occurre	d at the fime, d	lete and	placa, and d	ue to the	cause(s)	and mann	er as stated	li i		
Š	one) 2 MEDICAL EXAMINE	R: On the basie of ex	amination and/or in	rivestigatio	n, in my opinior	n, death	occured at ti	he time, d	ate end p	elace, and	due to the	cause(s) er	d manner es stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	-11	0			290	LICENSE N	UMBER			29d. DATE	SIGNED (Me	onth, Day, Year)	-
TO B			wol				D3328	30				/14/9		
F	30. NAME AND ADDRESS OF PERSON WHO													_
	Sunil Gupta, M	.D., Mem	orial Ho	spit	al Med	ical	Bldg	g., (humb	erla	nd. M	id. 2	1502	
	31. DATE FILED (Month, Pay, Year) 1993		R'S SIGNATURE											
	MOA T 9 1995	1		,										

10e. STATE

4. SOCIAL SECURITY NUMBER

220-26-7563

Md.

11. MARITAL STATUS

1 Never Married

10e. STREET AND NUMBER

3 Widowed 4 Divorced

RESIDENCE OF DECEDENT

9a. FACILITY NAME (If not institution, give street and number)

10b. COUNTY

87 Whight St.

87 Wright St.

William F. Housel

Allegany

5. SEX

1 M 2 - F

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

Frostburg

DAYS

Frostburg

101. ZIP CODE

21538

6. AGE (In yrs. last birthday)

60

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

Korean War

FUNERAL DIRECTOR

ВУ

in 5	3	_		TOT GATE MAY										
121	TOT USE A	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)		5a. DECEDENT'S USUAL OCCUPATE (Give kind of work done during m life. Do NOT use retired.)	ION ost of working	16b, KIN							
Spits	8	립	12		Owner & Opera	tor	Was							
AND he hospit	Once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NAM								
7 8 2	d at o	BE C	Clarence F& H			Alice	Gordo							
	be notified at	5	19a. INFORMANT'S NAME (Type/Print) JO Clarence Housel	hanna Housel Jr. for	196. MAILING ADDRESS (Street 87. Wright	and Number or Rural Ro	stbur							
ORE 6 may	must		297. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	20b. PL capele	ACE AND DATE OF DISPOSITION (N	ns Cem.	0ATE 11/19							
TIM Page	ue de		21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	22. NAME A	ND ADDRESS OF FACI	ILITY							
BALTI after death. P.	- e		from f.	Horn		t Funeral								
To ;	S E S		23. PADI I. Enter the diseases, or con shock, or heart failure. Lie	npilcations that caused th	ne death. Do not antar the me	oda of dylng, such	ss cardisc							
24 hours			IMMEDIATE CAUSE (Final	t only one cause on esci		. L								
E 3			disease or condition resulting in death) s.	MVOCATO	ala) intar	1100								
3760, ted within		CERTIFICATION	N							DUE TO (OR AS A CO	INSECUENCE OF		1.	
executed with	burial.			Samuelath, the same	ALTEPIOSC	letotic car	011045	LUIGA						
20 "	0 2		Sequentially list conditions, if any, leading to immediata	OUE TO (OR AS A CO	ONSEQUENCE OF):									
BO safe be	prior	5	CAUSE (Disease or Injury											
O. Becertificate	Hygiene or other	#	that initiated events resulting in death) LAST	OUE TO (OR AS A CO	ONSEQUENCE OF):									
Q € 8	P P	H	d											
S D .	Mental njury, o		PART ii. Other significant conditions of	contributing to death but	not resulting in the undarivin	O causa given in P	Part i. 24							
Œ # 2	and A	5	SOUDTI COTON		ictive lyn	60 0 150GC	9							
RECOI equires the	Health WS an	0	hy nor cholis	Var Dlemin		1 3	10							
C 2 8	sho of	Σ.	ahasihi	· V [• [CI-][0]			-							
P e la		A	25. WAS CASE REFERRED TO MEDICAL		28.0	LACE OF DEATH (Chec	t. ==1: ===1							
F = 8	State D	HYSICIA	HYSICIA	HYSIC!	HYSIC!	HYSIC!/	PHYSICIAN: MEDICAL	HYSIC!/	HYSICI/		IOSPITAL:	OTHER:		
OF VI	9 6									HYS	27. MANNER OF DEATN	28s. DATE OF INJURY		
O SH	marked,		1 Netural 5 Pending	(Month, Day, Year)		DRK?	zou. Degenn							
ONING I	I	B	2 Accident Investigation 3 Suicide & Could and be	28s. PLACE OF INJURY	At home, farm, street, factory, offic		281. LOCATIO							
DIVISION OR ATTENDING F	20 afte	8	4 Nomicide 6 Could not be	building, etc. (Specify)	, , , , , , , , , , , , , , , , , , , ,		City or To							
OR A	hours Item	COMPLET	29a. CERTIFIER											
	2 =	ΔP			ge, death occurred at the time, date									
HOSPITAL	MITT	8		SIT THE DEBIG OF BEARINGHOOF BE	nd/or investigation, in my opinion, o	Jeath occured at the ti	me, data and							
出土		BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUMB	BER							
	2 8	2	ML. III - NA	7		11092	-51							
/	2.1		30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF GEATH	(ITEM 27) (Type, Print) A B (X M	V (
_ `	1+11	}	31. DATE FILED YAPPANI, Day, Year)	32. BEGISTRAR'S SIGNATU	IRE	- 10	1							
		- 1	MON TA 1883	Jahr. 5.										

3. TIME OF DEATH 2. DATE OF DEATH 7. DATE OF BIRTH (Month, Day, Year) 33 IF UNDER 24 HRS. . BIRTNPLACE (State or Foreign Male 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN Allegany 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. White 16b. KIND OF BUSINESS/INDUSTRY shers & Dreyers le, Maiden Surname) City or Town, State, Zip Code) , Md. 21532 20c. LOCATION — City or Town, State Flintstone, Md. Frostburg, Mds or respiretory arrest, Approximats Interval Betw Onset and Death CAISPOSE . WAS AN AUTOPSY 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 HO 1 TES 2 NO ecify) BE NOW INJURY OCCURED N (Street and Number or Rural Route Number, wn. State) and manner as stated. place, and due to the cause(a) and manner as stated. 29d. OATE SIGNED (Month, Day, Year)

. A 31 35 1 7 SECTO , ,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit, be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPIT	TO THE FUNERA	IMPORTANT:

93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN		36070				
-	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	MARY MARGARET	r HAUSI		11 19	AY YE. 199							
				F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. B	NRTHPLACE (State or Foreign				
1		1 M 2 X F 6	8 YRS.			Mar 23,	1925	MD				
~	9a. FACILITY NAME (If not institution, give stre		•		R LOCATION OF D	EATH	9c. COUNTY	OF DEATH				
2	MEMORIAL HOSPITA	L		CUMBER	LAND		ALLE	GANY				
DIRECTOR	10a. STATE 10b. COUNTY Alleg	anv		rown or Locat		MINE	10d. INSIDE CITY					
	10e. STREET AND NUMBER				ZIP CODE		I to CITIZEN	1 NO YES 2 □ NO OF WHAT COUNTRY?				
FUNERAL	1504 Old Towne	Manor Apt	. 1504F		21502	2	USA	or what country				
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED			NIC ORIGIN? (Specify Ye	s or No— 14.1	RACE — American Indian,				
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 TYES	ZNO	1 TYES	2 NO Specific	in, Puarto Rican, etc.) y:		Black, White, etc. Specify; White				
	16. DECEDENT'S EDUCA	WW II	44 - Decement 144									
1	(Specify only highest grade or	ompleted)	(Give kind of work the. Do NOT use n	k done during mos	in st of working	16b. KIND OF BU	SINESS/INDUST	RY.				
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	waitres			re	staur	ant				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Walter	, ,	18. MOTHER'S NA	ME (First, Middle, Maiden		anc				
BE C	Bernard Steven	Smith			Ethel	(Willia	ims)					
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO AL	DORESS (Street a	nd Number or Rural	Route Number, City or Tox	vn, State, Zip Cod	6)				
F		. Hauser	413	Louisi	ana Aver	nue Cumbe	rland	MD 21502				
	20a. METHOD OF DISPOSITION 1) Burlai 2 Cremation 3 Remov		PLACE AND DATE OF I			1	CATION — City					
	4 Donation 6 Other (Specify)		etery, crematory or other L. Mary s				umberla	nd MD				
	· acon 7	drown	11.		-	Suneral H Marylar		502				
	23. PARY i. Enter the diseases, or co	mplications that caysed	the death. Do not					Approximate				
	shock, or heart fellure. Li IMMEDIATE CAUSE (Fine)	0			^ /			Interval Between Onset and Death				
	disease or condition a. Continuo of lung unknown											
_		DOE TO (OR AS A	CONSEQUENCE OF):			,						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):									
3	cause. Enter UNDERLYING CAUSE (Disease or Injury											
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):									
뜅	d.					4						
AL (PART II. Other aignificant conditions	contributing to death be	ut not reaulting lo	//		/ DEDECT		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
20	McDartata	- alleg	re 1	_ lu	a ano	1 U YES		COMPLETION OF CAUSE OF DEATH?				
WE			rain				1	1 YES 2 NO				
PHYSICIAN: MEDIC												
호		HOSPITAL:	C	26. PL	ACE OF DEATH (Ch	eck only one)						
₹ ¥	1 YES 2 NO	28a. DATE OF INJURY	26b. TIME C			8 Other (Specify) 28d. OESCRIBE HOW	IN HIEW COCKED					
	1 Natural 5 Pending	(Month, Day, Year)	RULMI	Y WO	RK?	280. DESCRIBE NOW	INJUNT OCCURE	.0				
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF INJURY	— At home, farm, stre			28f. LOCATION (Street	and Number or R	ural Route Number,				
TED	4 Homicide determined	building, atc. (Speci	f(y)			City or Town, State)					
Z.	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowle	edge, death occurred	at the time, date	and place, and due	to the cause(a) and ma	nner se stated.					
COMPLET	ane)							use(s) and manner as stated.				
	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d, DATE SIG	BNED (Month, Day, Year)				
BE	Willan	- tum	mp		D 25406		▶ ///-	20/93				
2	30. NAME AND ADDRESS OF PERSON WHO						1 11	7.5				
	WILLIAM LAMM M.D.,			UMBERLA	AND, MD	21502						
	31. DATE FILED MONTH, Day, Your 1993	32. REGISTRAN'S SIGNA	ATURE Parkage									

36070

DHMH-16 Rev 1/89

OX 68760. BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physici	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	aumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to build, cremation, or removal,	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First	, Middle, Lest)	To Tour								MY	YEAR	3. TIME OF DEATH 12:50pm		
	Hat	FRIEN			Hardesty					ovember 19, 199		В - м			
	105-09-53	5. SEX	8. AGE (In yrs. II	nst birthday) YRS.	MONTHS	DAYS			7. DATE OF BIRTH (Month, Day, Year) AUG 5 19	003	8. BIRTHPLACE (State or Foreign Country) MARYLAND				
OR	90. FACILITY NAME (If not in Maryla	1	9b. CIT		timo:			9c. COUNTY OF DEATH BALTIMORE							
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY					ry, town	001004								
DIRECTOR	MARYLAND		RETT			EER						23	10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
	10e. STREET AND NUMBER							f. ZIP CODE	E		10g. CITI	ZEN OF	WHAT COUNTRY?		
ER.	PYSELL C	ROSS	ROAD					215	50			U S	A		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 November 4 Divo			NT EVER IN U.S. A I YES 2 X WAR OR DATES	NO If yes, specify Cub-				ENT OF HISPANIC ORIGIN? (Specify Yes or No- Cuben, Mexican, Puarto Ricen, etc.) NO Specify:				- 14. RACE — American Indian, Black, White, etc. Specify: WHITE		
0	15. DEC	EDENT'S EDU	CATION		ECEDENT'S					166. KIND OF BU	ISINESS/INC	USTRY			
COMPLETED	Elementary/Secondary (6		College (1-4 or 5	+)	Give kind of fe. Do NOT L OUSE	rae retired.)		ost of workir	ng	OWN	ном	E			
ON	17. FATHER'S NAME (First, M	liddie, Last)						18. MOTI	HER'S NA	ME (First, Middle, Meider	Sumame)	-			
BE C	JOSEPH FR	IEND						EL	IZA	BETH LE	WIS				
10	190. INFORMANT'S NAME (Route Number, City or Tov					
-	BETTY BEC				ROUT	E 4	BOX	₹ 50	52	DEER PAR	K, M	D 2	1550		
	20a. METHOD OF DISPOSIT 1 N Burlel 2 Crematic 4 Donation 8 Other	on 3 🗆 Rem (Specify)		cemetery, c	rematory or e	other place)		RK	1	MBER		D, MD		
	21. INCHATURE OF FUNERA	S SERVICE LIC	ENSEE 4	2,_)	H.	AFE		APE	L OF THE					
	23. PART I. Enter the d	leaseas or o	complications the	at card the c	leath Do	1	302	NAT	ION	AL HWY L	AVAL	E.	MD 21502		
	shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)		e. Athe		lero	tic	Ca	ydi'd	ova	sculard	i'Sea	30	Interval Between Onset and Death		
TION	Sequentially list condit		b. DUE TO	OR AS A CONS	EQUENCE (OF):									
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disesse or inju- that initiated events resulting in death) LAS	iry	c. DUE TO	OR AS A CONSI	EOUENCE C	OF):		-							
HH	resolung in death) EAS		d												
MEDICAL (PART II. Other significa		a contributing to	death but not	reaulting	In the u	nderlyin	g cause (given in	Part I. 24a. WAS APPERFO	RMED?	248	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
										-			1 120 2 NO		
NA.	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL						LACE OF D	EATH (C)	neck only one)					
S	1 X YES 2 NO		HOSPITAL:	Z\ER/Outpatient	3 DOA	4 Nu		10 5 🗆 Re	sidence	8 Other (Specify)					
Y PHYSICIAN:	AWX -	Pending Investigation	28e. DATE Of (Month, i	F INJURY Day, Year)	28b. TII	ME OF JURY M	WC	URY AT ORK?	NO	28d. DEŞCRIBE HOW	INJURY OC	CURED			
TED BY	3 Suicide 8	Could not be determined	28e. PLACE (building	OF INJURY — At I	nome, ferm,	street, fee	ctory, offic			281. LOCATION (Street City or Town, State		or Rural	Route Number,		
COMPLETED										to the cause(e) and me			n) end menner as stated.		
	29b. SIGNATURE AND TITLE								ENSE NU				(Month, Day, Year)		
TO BE	A mathe	<u>u</u>						D	27	1716	> /	1-6	20-93		
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

22. REDISTRAR'S SIGNATURE.

ins after death. Page 6 may be retained by the hospital or attending physician.

In by the funeral director, page 5 should be detached for use as the burial-transit removal. vurs after death. filled in by t 8 and completely filled o burial, cremation, c executed with ental Hygiene prior to 2 certificate be the atten signed by the has been Dept. of h The law i the State of L OR ATTENDING PHYSICIAN: The DIRECTOR: After this certificate i hours after death with the State this c FUNERAL WITHIN 72 H HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 7.

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 1993 LEO G. HUDSON November 1100 9 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. lest birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1/Month, Day, Year) 12/6/1925 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 221-12-5874 1 X M 2 F Frankford, DE 67 VDS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO 10a. STATE 10b. COUNTY 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY Selbyville 19975 Delaware County of Sussex 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? RFD # 2, Box 133 A USA 19975 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—II yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 □ YES 2 □ ND Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: 84 White 3 Widowed 4 Divorced WW II 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done during life. Do NOT use retired,) (Heating Fuels) Elementary/Secondary (0-12) College (1-4 or 5+) Fuel Oil Transport Driver Hickman & Willey. Inc. 8th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sun CARRIE JANE BRITTINGHAM WILLIAM M. HUDSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MRS. ELIZABETH HUDSON RFD # 2, Box 133 A, Selbyville, Delaware 19975 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Redmen's Cemetery 11/12/93 Selbyville, Delaware 21. SIGNATURE OF PUNETIAL SERVICE LICENSE 22 MELSON FUNERAL SERVICES, LTD. FRANKFORD, DELAWARE 19945 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart failure. List only one cause on each line. Approximats Interval Betw Onset and Daath IMMEDIATE CAUSE (Final disease or condition resulting in death) nimonilo DUE TO (OR AS A CONSEDUENCE OF): Neutanma absolutte CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF): If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUBE OF DEATH? MEDICAL 1 TYES 2 NO 1 YES 2 ND PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Netural 2 Accident 5 Pending investigation 1 YES 2 NO 87 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. BIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 2

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BALTIMORE, MAR	SICIAN: The law requires that the death certificate be executed with.
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F VITAL RECORDS, P.O. BOX 68760,	executed with
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	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. le	at birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS		E OF BIRTH	1.0	. BIRTHPL	ACE (State or Fore
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00	17. FATHER'S NAME (First, I						18. MOTHER'S			n Surname)		
BE (John A. La		У				Lillie	Bra	dshaw			
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-	20a. METHOD OF DISPOSIT						18211 N	-7				
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	21. SIGNATURE OF FUNDA	patrici	ICENSEE	- I Quin	ву се	metery	AND ADDRESS OF		/14 Qu	inby,	Va.	
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	He	(2)		7-4			hty Fune					
			complications that	caused the d	eath. Do	P.O.	Box 633	, Ex	more,	Va. 23	350	Approxim
	23. PART I Enter the c	diseases, or heart fellure	complications that List only one cau	caused the dise on each lin	af	P.O.	Box 633	, Ex	more,	Va. 23	350 nt,	Interval B
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, PPIN)

DON of E. OLLAN, MB 145 E. GANG

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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	FOR STATE REGISTRAR	STATE OF N					EALTH A			YGIENI EG. NO.	E	93	36074
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st hirthday)	IF UNDER 1		IF UNDER 24		DATE OF B	11	- 1		PLACE (State or Foreign
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~	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY,	TOWN OF	R LOCATION	OF DEATH	4		9c. COUP	TY OF DE	HTA
Ö	Salisbury Nursir	ng S rehab	Center		Sali	sbur	cy, Mo	3. 2	21801		WIC	OMIC	:O
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN			7		77.27 2.7.							
DIRECTOR		Wicomico			y, town on Salisi								10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER	WICOUITCO		,	parts								1 X YES 2 NO
\ <u>\</u>	6102 Jack Dr.					101.	ZIP CODE				-		HAT COUNTRY?
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<u>—</u>	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. Di	CEDENT'S	USUAL OCC	CUPATION	N Lof working		16b. KING	OF BUS	INESS/INO	USTRY	
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<u>₹</u>	11	2		hous	sewif	e			r	ione			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHER	'S NAME	(First, Middle	, Maiden :	Surnama)		
BE (John Osborne						Elle	n		Unkr	nown		
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	AODRESS (Street en	d Number or		e Number, Ci	ly or Town	, State, Zip	Code)	
٩	Allen Harris						Sali						
	20s. METHOD OF DISPOSITION		20b. PLACE								ATION —	City or Ton	rn State
	1 🗵 Buriel 2 🗆 Cremetion 3 🗆 Rer 4 🗆 Donation 5 🗀 Other (Specify)	noval from State	cemetery, cre	ematory or o				1					V A 24370
	21. SIGNATURE OF FUNERAL SERVICE L	ICEMSEE /	rioun	L ROS			ADDRESS	OF FACILI	TY	Olav	ae or	, r Ting	VA 24370
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\vdash	40011.	racpour	1		50	01 S	now H	i11	Rd.,	Sal:	sbur	y, M	D 21801
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1	resulting in death)	0UE 10	OR AS A CONSE	OUENCE OF	7:6		2						1_
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MEDICA							_			YES 2			COMPLETION OF CAUSE OF DEATH?
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SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PLA	CE OF OEAT	H (Check	only one)				
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PHY	27. MANNER OF DEATH	28e. DATE OF		26b. TIM		8c. INJUI	5 Reside		d. DESCRIB		HIMY OCC	11050	
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à	2 Accident Investigation	28a PLACE OF	IN HIRV — At he	me form							nd Number	or Rural Ro	ute Number,
ED BY		28e. PLACE Of building, o	INJURY — At ho	eme, farm, s	treet, factor	y, office		28	City or Tow	n, Stete)			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, o	FINJURY — At ho	ome, farm, s	treet, fector	y, office		28	City or Tow	n, Stete)			
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide 6 determined 29e. CERTIFIER (Check only)	BICIAN: To the best of i	my knowledge, de	eath occume	d at the tim	e, date e		d due to t	City or Tow	n, Stete)	nor oa state		
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	4 DECEMBER MARKET OF			CI	ERTIF	ICATE O	F DEATH		REG. NO.	20		6075
	JAMES LEE					HE	001)	2. DATE	OF DEATH DAY	199	3. S	1941)
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	0.	BIRTHPLA Country)	CE (State or Foreig
	218 16 914		1 XM 2 F	68	YRS.	9b. CITY. TOW	OR LOCATION OF E		6-1925	9c. COUNTY	Md.	
CTOR	PENINSULA R	REGION		L CENTE	R		SBURY				OMICO	
DIREC	100. STATE Md.	10b. COUNT	omico			y, town or loc	CATION				1	LIMITS?
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	20e. METHOD OF DISPOSIT 1 N Buriel 2 Crematic 4 Donation 8 Other	TION ion 3 🗆 Ren	noval from State	20b, PLACE	ANDDATE	of DISPOSITION	Name of	DAT	TE 20c. LOCA	TION - CHY		State
	21. SIGNATURE OF FUNERAL		ICENSEE	/		Shor	AND ADDRESS OF F	Hom	e, Inc.			
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BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the found sher death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle,				EUF					
Patricia	Last)	Hace	ison	/		2. DATE OF DEA	DAY	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bir		DER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	н	A BIRTH	PLACE (State or Foreign
212-66-2001	1 🗆 M 2 🗗 🗲	70	YRS. MONTHS		HOURS MIN.	(Month, Day, Ye	1/54	Country	
9a. FACILITY NAME (If not institution,	M	and	9b. Cf	TY, TOWN O	LOCATION OF E		9c. COI	UNTY OF DE	More
RESIDENCE OF DECEDEN		an o		Jal	110000		- Nati	1111	ru u
RESIDENCE OF DECEDEN 100. STATE 100. CO	Talbu 1	1	Dc. CITY, TOWN	OR LOCATI	LO A				10d. INSIDE CITY LIMITS? 1. TES 2 NO
100. STREET AND NUMBER 11. MARITAL STATUS 11. MARITAL STATUS	Burnes	(/u	1	101.	ZIP CODE	01	10g. Cl	TIZEN OF W	THAT COUNTRY?
	FORCES? 1	EVER IN U.S. ARMED	1:	If yes, spe	cify Cuban, Mexic	ANIC ORIGIN? (Speci an, Puerto Rican, at		Black	— American Indian, , White, etc.
3 Widowed 4 Divorced	ir res, dive w	AN ON DATES		I L YES	2 X NO Spec	ny:		Specif	White
15. DECEDENT'S (Specify only highest	S EDUCATION t grade completed)	16a. DECED	ENT'S USUAL	OCCUPATIO	IN st of working	16b. KIND 0	F BUSINESS/IN	IDUSTRY	
Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Let	College (1-4 or 5+)		and of work don NOT use retired etary			Real	Esta	te	
17. FATHER'S NAME (First, Middle, Las	•					AME (First, Middle, M			
Thomas Ray						res Rea			
2 19a. INFORMANT'S NAME (Type/Print) Anthony B. F.		7 4	04 Bu	ss (Street at	nd Number or Rure S Cour	t, East	on, State, Z	D 21	601
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3	Removal from State	20b. PLACE AND cometery, cremate	DATE OF DISPO	OSITION (Nan	me of	1	c. LOCATION -		
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVI		Spring	Hill	Cem	etery	ACILITY	Easto		ID
1		.)				eral Ho			m MD
23. PART I. Enter the diseases	MERCE					rison S			II, MD
disease or condition	1 1 10 .	L . //-	- /	(./	11.1	,			Onset and Death
resulting in death)	b. Pecus oue to a	OR AS A CONSEQUE	NCE OF): NCE OF): Lea	brick.	ela ti	tucky come	Cardi	'eq	
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	1. DECEDENT'S NAME (First, Middle, Last	205		ATHAW	ΔΥ	2. DATE OF DEATH	ON T	VEAR.	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-05-2848	6. SEX 6. AQ	E (In yrs. lest birthdey)	F UNDER 1 YEAR	IF UNDER 24 HMS.	7. DATE OF BIRTH (Morth, Day, Year Mar. 3,	r)	8. BIRTH Countr	IPLACE (State or Foreign y) SCONSIN
LOR	80. FACILITY NAME (If not institution, give William Hill I	street and number) Manor Heal		East	OR LOCATION OF DI		9c. COU	alb	EATN
DIRECTOR	10e. STATE 10b. COUN	ТҮ	10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?
		lbot	Ea	ston					1 XYES 2 NO
RAI	100. STREET AND NUMBER	T		1	01. ZIP CODE				VHAT COUNTRY?
FUNERAL	501 Dutchman's	12. WAS DECEDENT EVER	R IN U.S. ARMED	13, WAS DE	21601 ECENDENT OF NISPAI	NIC ORIGIN? (Specify		USA 14. RACE	- American Indian,
ВУ	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 TY	S 2 NO DATES	If yes, t	specify Cuben, Mexica S 2 NO Specif	in, Puerto Rican, etc.		Speci	t, White, etc.
COMPLETED	15. DECEDENT'S ED (Specify only highest gra		16e. DECEDENT'S Us (Give kind of wo life. Do NOT use	SUAL OCCUPAT	TION nost of working	16b. KIND OF	SUSINESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 8+)	Pilot	renrea.)		Comm	ercia	1 Ai	irlines
OM	17. FATNER'S NAME (First, Middle, Last)		FIIOC		16. MOTNER'S NA	ME (First, Middle, Mai		T M	TITIES
BE C	Andrew A. Ha	thaway			Julia	A. Fin	ney		
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILINO A	DDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zi	Code)	
-	Anthony W. Hat				ane, Mc				
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re		tob. PLACE AND DATE OF temetery, crematory or other	ar placa)			LOCATION —		
	4 Donation 6 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE (JCENSEE	Oxford C		TY AND ADDRESS OF FA		Oxfor	d, N	AD .
6	VOHDR.	MERLERO	, CFSF	Newn	am Fune	ral Hom			n, MD
3	IMMEDIATE CAUSE (Final	complications that cause on . List only one cause on	sed the death. Do no aach line.	t anter the m	ode of dying, auc	h as cardiac or re	eapiratory ar	reat,	Approximate interval Batwee Onset and Daat
	disease or condition resulting in death)	· Careli	Ear He	wis					Minute
		DUE TO (OR A	A CONSEQUENCE OF):	0 1	Λ.				1
<u>o</u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF)	frus	esell	esr.			1 Veen
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. O INTUING OR AS	B A CONSEQUENCE OF):	tul	Jusse	lluis.	7		10 yeen
MEDICAL CE	PART II. Other algorificant conditions of the transl	enadio (a	but not resulting in	the underlyl	ng cause given in les Disa ced fail	PER	S AN AUTOPSY FORMED? S 2-0 NO	24b.	WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch				
HYS	27. MANNER OF DEATN	1 Inpatient 2 ER/O	Y 28b. TIME	OF 28c. II	ime 6 - Residence	6 ☐ Other (Specify) 26d. DE\$CRIBE NO	OW INJURY OC	CURED	
ву Р	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year	r) INJUI		YES 2 NO				
	3 Suicide 6 Could not b	26e. PLACE OF INJUI	IRY — At home, ferm, str pecify)	est, factory, off	ice	281. LOCATION (Str. City or Town, S		r or Rural F	loute Number,
COMPLET		SICIAN: To the best of my kn) end manner as stated.
O BE C	396 SIGNATURE AND TITLE OF CENTUR	A Dine	11 MD		29c. LICENSE NUI				(Month, Day, Year)
	Robert M. McD				t., East	con, MD	2160	L	
	31. DATE FILED (Month, Dipl. (har)	32. REGISTRAR'S SI	GNATUNGLA BL						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

	1 - STATE REGISTRAR	STATE OF MARYL		ICATE OF	DEATH	REG.	NO.	93	3607
	1. DECEDENT'S NAME (First, Middle, Las	9()				2. DATE OF DEATH		3.	TIME OF DEATH
	Mary Elizabeth H	orne				November	16, 19	993	9:05 AM
	4. SOCIAL SECURITY NUMBER		(in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year	,	. BIRTHPLA	ACE (State or Foreign
	185 34 8833	1□M2 XF 49	YRS.		10 /10	November	25, 19	943 P	ennsylva
œ	9a. FACILITY NAME (If not institution, giv	,	.)	alle and a second	OR LOCATION OF D	EATH	9c. COUNT		H
DIRECTOR	7272 Swan Creek	ROAD (AI HOM	e)	Rock Ha	all		Ke	ent	
REC	10a. STATE 10b. COUR	NTY		Y, TOWN OR LOCAT	TION			10	d. INSIDE CITY
	Maryland Kent		Ro	ck Hall				1	YES 2 NO
ERAL	100. STREET AND NUMBER 7272 Swan Creek	Dood			DI CCI				T COUNTRY?
FUNE	11. MARITAL STATUS	12. WAS DECEDENT EVER I	IN U.S. ARMED		21661	NIC ORIGIN? (Specify		5.A.	
	1 Never Merried 2 Married	FORCES? 1 YES	ZX NO	If yes, spi		nn, Puarto Rican, etc.)	100 Or NO - 1		American Indian, hita, atc.
BY	3 Widowed 4 Divorced	0.0000000000000000000000000000000000000			ZZEJ NO SPECI	y. 		Whit	e
TED	15. DECEDENT'S El (Specify only highest gra		16a. DECEDENT'S (Give kind of	WORK done during mose retired.)	ON ost of working		BUSINESS/INDUS		C
J.	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		cal Cons			nical Wi ogical S		
COMPLET	17. FATHER'S NAME (First, Middle, Last)	<u> </u>	OCOTOST	Cal Colls		ME (First, Middle, Mai		o Luu L	es
E C	Alfred Horne				Mary E		oen Surname)		
0	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a		Route Number, City or	Town, State, Zip C	ode)	
5	Dorothy Lynne Ka.	ltreider	Rd 1	Box 210	- Julia	n, Pennsy	vlvania	1684	4
	20a. METHOD OF DISPOSITION 1 Burial 24 Cremation 3 Re		b. PLACE AND DATE			DATE 20c.	LOCATION - CH	ly or Town,	State
	4 Donation 5 Other (Specify)	, C	apitol C				over, I		are
	21. SIGNATURE OF FUNERAL SERVICE	1 . 6 .	411	FOT T	OTTE - U	lls Funer	al Home	•	
	William L. K	101111		LCTT	OMP MC	TT2 LITTEL	MICH LD		
		ACCE	Hory	413 1	W. High	St., Ches	stertown	a, Md	21651
	23. PART i. Enter the disesses, o	ACCE	d the death. Do i	413 1	W. High	St., Ches	stertown	a, Md	Approximate
	23. PART i. Enter the disesses, o ahock, or heart fellum IMMEDIATE CAUSE (Final	r complications that couse	d the death. Do a	413 1	W. High	St., Ches	stertown	a, Md	Approximate Interval Batw
	23. PART i. Enter the disesses, o ahock, or heart fellum	or complications that couse on e. List only one couse on e	And o	413 to the month of the state o	W. High	St., Ches	stertown	a, Md	Approximate Interval Batw
Z	23. PART i. Enter the disesses, o ahock, or heart felium IMMEDIATE CAUSE (Final disesse or condition	or complications that couse on e. List only one couse on e	d the death. Do pack line. A CONSEQUENCE O	413 to the month of the state o	W. High	St., Ches	stertown	a, Md	Approximate Interval Batw
TION	23. PART i. Enter the disesses, o ahock, or heart felium IMMEDIATE CAUSE (Final disesse or condition	a. Due to (or as a	And o	413 Inot enter the more	W. High	St., Ches	stertown	a, Md	Approximate Interval Batw
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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the safer death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit and be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY Y	3. TIME OF DEATH
	EDWA	ARD T. HO	LLAND			NOV. 27.	1993	Part Control of the Control
	4. SOCIAL SECURITY NUMBER 5.	. SEX 6. AGE (/	In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
	212-03-2995	TyM 2 □ F	76 YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
- 1							917	Maryland
_	9s. FACILITY NAME (If not institution, give street	,	1 9		OR LOCATION OF DE		9c. COUNTY	OF DEATH
5	Home - 28 Hall Hig	ghway		Cr	isfield,	MD	So	merset
5	RESIDENCE OF DECEDENT							
	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
5	Maryland :	Somerset		Crisf	ield			1 X YES 2 NO
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN	N OF WHAT COUNTRY?
	28 Hall Highway				218	17		U.S.A.
5		2. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Ye	or No- 14	, RACE — American Indian,
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO		ecify Cuben, Mexical 2 NO Specify	n, Puerto Rican, atc.)		Black, White, stc. Specify:
	3 🗌 Widowed 4 🔲 Divorced	W. W. II	AIES	I L TES	Z X NO Specify			White
3	15. DECEOENT'S EOUCAT		16a, DECEDENT'S US	SUAL OCCUPATION	ON .	16b. KINO OF BU	SINESS/INDUS	
	(Specify only highest grade cor		(Give kind of wor	rk done during mo retired.)	st of working	120000000000000000000000000000000000000		
וי		Coflege (1-4 or 5 +)	Owner			Groce	~ 77	
2	Grade 10 17. FATHER'S NAME (First, Middle, Last)		OWITEL		I		4	
3						ME (First, Middle, Maiden		
	William G. Holland					V. Daugher		
5	19s. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		
-	Priscilla E. Holla	nd (Wife)	28 H	all Hig	hway - C:	risfield,	MD 21	817
	20e. METHOD OF DISPOSITION 11	30-93. 206	other place)	ION (Name of cer	netery, cremstory or	20c, LC	CATION - CH	y or Town, Stats
	4 Donation 5 Other (Specify)	S1	nnvridge	Memoria	al Park		Crist	ield, MD
	21. SIGNATURE OF FUNERAL SERVICE LICEN				ND ADDRESS OF FA	CILITY	CITOI	CLUI GID
	Rolled V.	Block	and	Brads	haw & Son	ns Funeral	Home	
	Robert H. Bra	adshaw, Jr.	-	306 W	. Main S	t Crisfi	eld. M	D 21817
	23. PART I. Enter the diseases, or con shock, or heart fellure. Lis			t anter the mo	da of dying, suc	h se cardiac or resp	iretory srres	t, Approximate Interval Between
	IMMEDIATE CAUSE (Final	it only one cause on ea	acii iiia.		\mathcal{D}	1		Onset and Death
	disease or condition	an	1 into	na	1505	Star (124 de
	resulting in death) a	OUE TO (OR AS A	CONSEQUENCE OF):	1 1 0				17
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HILICALION	Sequentially list conditions, If any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF):					
₹	cause. Enter UNDERLYING							
É	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS A	CONSEQUENCE OF):					
	resulting in death) LAST							
3								
١	PART II. Other significant conditions	contributing to death b	out not resulting in	tha undarlyin	g cause given in	Part I. 24s. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
3	l					1 YES		COMPLETION OF CAUSE OF DEATH?
u I	4							1 YES 2 NO
Σ						_		10 13 10 11
SICIAIN	25, WAS CASE REFERRED TO MEDICAL			24 D	LACE OF OEATH (Ch	ack only one)		
2	EXAMINER?	HOSPITAL:		OTHER:				
	1 TYES 2 NO 1	Inpatient 2 ER/Outp				6 Other (Specify)		
[]	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME INJU	RY WO	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUI	REO
	2 Accident Investigation			M 1 🗆				- 1
ا د	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec		reet, factory, offic	:0	28f, LOCATION (Street City or Town, State		Rural Route Number,
	4 Homicide determined							
ני ני	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my know	rledge, death occurred	at the time, date	end place, and due	to the cause(s) and ma	nner as stated	
L	CONDON ONLY							csuse(s) and manner as stated.
3	29b. SIGNATURE AND TITLE OF DERTIFIER				29c. LICENSE NUI	MDED	204 DATE 6	PIONED (Hearth, Day, Year)
	South one and title or sentiries	DX LA		/	17	5/- 4		SIGNEO (Month, Day, Year)
2		0.00	~m		1	101	IV	lov. 29, 1993
-	30. NAME AND ADDRESS OF PERSON WHO				asiana n	VID 21017		
	M. D. Barhan, M.D			y - Cri	sriela,	MD 21817		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN						

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	RAT	RECT	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	E
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_		1 - STATE REGISTRAR	STATE OF MARYLAND / CE	DEPARTMENT OF ERTIFICATE OF		REG. NO.	93 36080
	10	1. DECEDENT'S NAME (First, Middle, Last)	Hali	, c		2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH - 93 12:30 P. M
		4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. last	birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	11- 28 7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
		910-00-1001	X M 2 □ F 81	YRS. MONTHS DAYS	HOURS MIN.	03-29-1	2 Country) M.D.
-	E	9a, FACILITY NAME (If not institution, give street 29033 - Bob A	BROOK ROad		OR LOCATION OF DEA		COUNTY OF DEATH
1	DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	MOOK HOUL	10c. CITY, TOWN OR LOC	liamsb	uky	1001
1 3		MD. ta	lbot	SACLULA	MShuk	2 0	10d, INSIDE CITY LIMITS? 1 YES 2 (X NO
	RAL	104. STREET AND NUMBER	10 1.0.0	1	Of. ZIP CODE	100	CITIZEN OF WHAT COUNTRY?
	FUNERAL		ROOKS ROOC 2. WAS DECEDENT EVER IN U.S. ARI		CENDENT OF HISPANI	C ORIGIN? (Specify Yes or N	o— 14. RACE — American Indian,
	BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YES 2 N	O If yes, s	pecify Cuban, Mexican S 2 NO Specify:		Specify: RIACL
1		15. DECEDENT'S EDUCAT (Specify only highest grade con		CEDENT'S USUAL OCCUPAT THE Idea of work done during in	ION	16b. KIND OF BUSINES	SINDUSTRY
	COMPLET		College (1-4 or 5+)	te Highway			
	OMI	17. FATHER'S NAME (First, Middle, Lest)	1314	Je mynwas		E (First, Middle, Malden Surna	(me)
	BE	Sam Ho	<u>sllis</u>		Mari	Eliza	beth Johnson
	2	19a. INFORMANT'S NAME (Type/Print)	Hall'S 2	MAILING ADDRESS (Street	oh BRO	oute Number, City or Town, Sta	11 illiamsburg MD.
	ì	20e, METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Remove		ND DATE OF DISPOSITION (I		OATE 20c. LOCATIO	ON — City or Town, State
		4 Donation 5 Other (Specify)	Vet		Metery		clock, MD.
		▶ Janelle	C. Henry	Hei	VRY FU	Jeral Ho Hon St. Ca	ome AND
Г		23. PART i. Enter the diseases, or com-	npilcations that caused the deat it only one cause on each line.				y arrest, Approximate
		IMMEDIATE CAUSE (Fine)	ADENO CAEC	1/12/10	111174	IUEP ME	Interval Between Onset and Death
		resulting in death) a.	DUE TO (OR AS A CONSEQ			CIVE C ING	TASTASS 4 MO.
1	5	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQ	HENCE OF			
LVO	3	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		outon of j.			
CEDTIFICATION		that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQ	UENCE OF):			
	- 11	PART II. Other significant conditions c	contribution to death but not m	equiting to the underlyi			
	1 2 3 3 3 3 3 3 3 3 3 3		ARCINOMA,			PERFORMED	AMAILABLE PRIOR TO COMPLETION OF CAUSE
NED!	ME	CORONARY ARTES	ey Disease	CONGETIVE	E HEART F	ALLE	OF DEATH?
NA	A N	25. WAS CASE REFERRED TO MEDICAL	ile '	20.5	PLACE OF DEATH (Chec		
DUVOICIAN	2		IOSPITAL:	OTHER:	me 5 Residence 8	The Carlo Indian	
	5	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)		ORK?	28d. DESCRIBE HOW INJUR	Y OCCURED
3		1 Uni-Netural 3 Pending					
	- 100	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — A1 hon		YES 2 NO	281. LOCATION (Street and No	umber or Rural Route Number,
l E	- 100	2 Accident Investigation	28e. PLACE OF INJURY — A1 hon building, etc. (Specify)			281. LOCATION (Street and No City or Town, State)	umber or Rural Route Number,
MDI ETE	- 100	2 Accident 3 Suicide Could not be determined 29e. CERTIFIER (Check only)	N: To the best of my knowledge, dea	ne, larm, street, lactory, offi	ice	o the cause(e) and manner a	is stated.
	COMPLEIED	2 Accident 3 Suicide Could not be determined 29e. CERTIFIER (Check only)	M: To the best of my knowledge, dea	ne, larm, street, lactory, offi th occurred at the time, det restigation, in my opinion,	te end place, and due to	City or Tawn, State) the cause(e) and manner a me, date and place, and due	is stated.
Ä	BE COMPLETED	2 Accident 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my knowledge, dea	th occurred at the time, date tweetigation, in my opinion,	ice	o the cause(e) and manner a me, date and place, and due	is stated.
ш	BE COMPLETED	2 Accident 3 Suicide 4 Homicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: C 29b. SIGNATURE AND TITLE OF CERTIFIER 30 NAME AND ADDRESS OF PERSON WHO C	M: To the best of my knowledge, dea	ne, larm, street, lactory, offi th occurred at the time, dat restigation, in my opinion,	de end place, and due to death occured at the ti	o the cause(e) and manner a me, date and place, and due	is stated. It to the cause(e) and menner as stated. DATE SIGNED (Month, Day, Year)

	FOR	
1	STATE	
4	REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, I Lorraine Cathe							ATE OF DEATH	DAY	YEAR 93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217-18-8576	5. SEX 1 M 2 A F	6. AGE (In yrs. last birthd	MONTHS	_	IF UNDER 24 HR	. (M	TE OF BIRTH lorth, Day, Year)	1923	8. BIRTH Count	IPLACE (State or Foreign
9a. FACILITY NAME (If not institution, G Washington Cou	inty Hospi	tal			R LOCATION OF	DEATH	ine 20;	9c. COL	UNTY OF D	
RESIDENCE OF DECEDENT 100. STATE 100. CO		10c.	CITY, TOWN OF		7.1					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 19717 Scott His				101.	ZIP CODE 2174	2		10g. Ci1		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	- 11	yes, spec	ENDENT OF HIS city Cuban, Me 2 TR NO Sp	Ican, Pus	GIN? (Specify Y rto Rican, atc.)	e or No	Spec	E — American Indian, k, White, atc. ///:
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 1.2	EDUCATION trade completed) College (1-4 or 5	(Give kind life. Do NO	T'S USUAL OC of work done do IT use retired.)	uring most	t of working		16b. KIND OF B	siness/in	DUSTRY	72
17. FATHER'S NAME (First, Middle, Less Sherman Andrev					18. MOTHER'S		st, Middle, Maide	n Surname)		
19a. INFORMANT'S NAME (Type/Print) Clifford M. Iz	er						lumber, City or To Hagerst			land 21742
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE		22 N	AME AND	D ADDRESS OF	EACILITY				
IMMEDIATE CAUSE (Finel disesse or condition	11100	much at caused the deeth. Express on each line.	4:	15 E		on B	lvd., I			Approximata Interval Between
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flor death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 6876(

MAA 3 A 1883

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BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physi	in by the funeral director, page 5 should be detached for use as the buria removal.	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ours after death. Page 6 may be retained by the hospital or attending physic	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

		GISTRAR				CERTIFI	CATE C	OF DEATH	_	REG. NO.	20	3608
1		DENT'S NAME (Fig.		ebecca			701010	1017	MO	TE OF DEATH	YEAR	
		ATTIE		5, SEX	& AGE (In)	yrs. last birthday)	JOHNS			vermber 1		6:33 THPLACE (State or Fore
		18-34-4		1 M 2 7 F			MONTHS DAY		· (Mi	29-1907	Cou	intry)
				street and number)	1 00		9b. CITY, TOV	WN OR LOCATION OF C			c. COUNTY OF	yland
OR	Me	emorial	Hospit	tal			Cumbe	rland			Alle	gany
15	RESID	ENCE OF DE	10b. COUNT	γ	-	10c. CITY	TOWN OR LO	DCATION				10d. INSIDE CITY
DIRECTOR	Mai	ryland	A116	egany		1000	mber					LIMITS?
RAL		REET AND NUMBE						101. ZIP CODE		10	Dg. CITIZEN OF	F WHAT COUNTRY?
ш	41	East :	Elder	Street			103	21502			U	SA
BY FUN	1 🔲 Non	Ver Married 2 C			ENT EVER IN U 1 YES WAR OR DATE	2\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	If yes	DECENDENT OF NISP/ s, specify Cuben, Maxie YES 2 NO Spec	an, Puer	GIN? (Specify Yea or to Rican, etc.)	84	ACE — American Indian ack, White, etc. ecily: White
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9	Elem	entary/Secondary		College (1-4 or		life. Do NOT us	retired.)	y most or working		10.117		
COMPLET		12	4040			Housew	ife			Home		
	N .	er's name (First, avid Le		2						n, Middle, Melden Sun dinger	name)	
BE		ORMANT'S NAME				19b, MAILING	ADDRESS (Sm	reet and Number or Rura			tain Zin Codel	
2		cothy 3		on				lder St.				21502
	20a. MET	THOD OF DISPOSI	ITION	nord Anne Atri	20b. Pi	LACEANDDATEO	F DISPOSITION	N (Nama of	11 0	ATE 20c. LOCAT	ION — City or	Town, State
	4 ∐ Dor	nation S - Oth	er (Specify)		Cemete H1	Ilcres		rial Par	k 120	73 Cumb	erlan	d, Maryla
	21. SIGN.	ATURE OF FUNER	AL SERVICE LI	CENSEE								
			1	Λ			Leas	E AND ADDRESS OF F	ACILITY	Tnc. 23	0 Bal	timore 7
	IMMED disease	RT I. Enter the ahock, or DIATE CAUSE (Fe or conditioning in death)	heert fallure.	a. Ca	udes on sac	th line.	Cumb	e and address of four e - Ste oerland, mode of dying, su	in, Md.	21502		Approximat
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PETER S AB 31. DATE FILED (MONTH, Day, Yber) NOV 2 3 1993

ABBOTT

MO 10445 (22. REGISTRAR'S SIGNATURE Fichia Davidson-Randelle

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTA	REG. NO.	E 9	3	36083
1. OECEDENT'S NAME (First, Middle, Last)		OZIII II IO	AL OF BEATT			,21,	3.	TIME OF OEATH
MYRTLE G.	JACKSON			NOV	EMBER		993	8:45 P M
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yr		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE	OF BIRTH	8	BIRTHPLA Country)	NCE (State or Foreign
214-16-4587	1 □ M 2 T F 91	YRS.	THS DAYS HOURS MIN.		25-19	02		RYLAND
9a. FACILITY NAME (If not institution, give	street and number)	9b	CITY, TOWN OR LOCATION OF	DEATH		9c. COUNT		
33119 OLD OCI	EAN CITY RD.		PARSONSB	URG		WI	COM:	ICO
10a. STATE 10b. COUN		10c. CITY, TO	OWN OR LOCATION					d. INSIDE CITY LIMITS?
MD. WIC	COMICO	PA	RSONSBURG 10f. ZIP CODE			40- 017175		T COUNTRY?
33119 OLD OCI	OU ALL MY		21849				J.S.Z	
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.	e voneu	13. WAS DECENDENT OF HISP	ANIC ORIGI	M2 (Specify Vac			American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2	NO	If yes, specify Cuban, Maxi	can, Puerto		10 NO_ 10	Black, W	
15. DECEDENT'S ED (Specify only highest grad	UCATION 16	a. OECEDENT'S USL	JAL OCCUPATION done during most of working	161	. KIND OF BUS	SINESS/INDUS	STRY	
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Iffe. Do NOT use re	tired.)					
12		SECRE'	TERY		PUM:	P COM	IPAN	Y
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S P		0.00			
JOHN E. JAC	KSON		SARA	H GE	RTRUD:	E PAR	RKER	
19a, INFORMANT'S NAME (Type/Print)		19b, MAILING AD	DRESS (Street and Number or Rura	I Route Num	nber, City or Tow	n, State, Zip C	iode)	
HUGH J. RILE			5 OLD OCEAN DISPOSITION (Name	CIT	Y RD.	PARS	ONSI	BURG, MD2
		LERUSELI	IM CEMETERY	11.1	-24	PARSC	MSRI	IPC MD
21. SIGNATURE OF FUNERAL SERVICE L	r complications that caused th	ne death. Do not	UM CEMETERY 22. NAME AND ADDRESS OF BOUNDS FV enter the mode of dying, as	FACILITY UNER	AL HO	ME, S	ALIS	
22 PARI I. Enter the diseases, or	r complications that caused the	ne death. Do not	BOUNDS F	UNER	AL HOI	ME, S	ALIS	BURY, MD
22. PAR i. Enter the diseases, or ahock, or heart fellure MMEDIATE CAUSE (Final disease or condition resulting in death)	a. Arteriose BUE TO (OR AS A CO	ne death. Do not nilne.	BOUNDS FV	UNER	AL HOI	ME, S	ALIS	Approximate interval Between Onset and Death
22 PART I. Enter the diseases, or ahock, or heart failure disease or condition	a. DUE TO (OR AS A CC.	ne death. Do not in line. LONSEOUENCE OF): DINSEOUENCE OF):	BOUNDS FV	UNER	AL HOI	ME, S	ALIS	Approximate interval Between Onset and Death
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	1 - STATE REGISTRAR	STATE OF MARYLAN			OF HEALTH OF DEAT		NTAL HYGIEN REG. NO.	_	33	30004
111111	1. DECEDENT'S NAME (First, Middle, Last)					_	DATE OF DEATH		YEAR	3. TIME OF DEATH
	GARDINER 4. SOCIAL SECURITY NUMBER 5	R. SEX 6. AGE (In v	rs. last birthday)	IF UNDER 1	YEAR IF UNDER		OV. 24, 1	993	_	20:15 P. M
	220-16-9480	X M 2 □ F 66	Vene		DAYS HOURS	MIN.	(Month, Day, Year)	1027	Country	RYT.AND
~	90. FACILITY NAME (If not institution, give street			9b. CITY, T	OWN OR LOCATIO				NTY OF DE	
TO.	ATLANTIC GENERAL HO	SPITAL		BERL	IN			WORG	CESTE	R
DIRECTOR	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR	LOCATION				T	10d. INSIDE CITY LIMITS?
	MARYLAND WORC	ESTER	BISE	OPVIL						1 TES 2 X NO
ERA	10228 SHINGLE LANDI	NG ROAD			21813	-				HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S	S. ARMED	13. WA	S DECENDENT O	F HISPANIC	ORIGIN? (Specify Yes	or No-	14, RACE	- American Indian,
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	I X ENO		YES 2 NO		uerto Rican, etc.)		Specify	
	15. DECEDENT'S EQUAT	ION 16	. DECEDENT'S	USUAL OCC	UPATION		166. KIND OF BUS	INESS/INC	DUSTRY	WHITE
LET	(Specify only highest grade con Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of the Do NOT un	work done dur se retired.)	ing most of worldn	g				1
COMPLETED	7TH 17. FATHER'S NAME (First, Middle, Last)		TRUCK	DRIV			TRUCK			
	WILLIAM J. JONES						(First, Middle, Meiden :	Sumame)		
TO BE	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (S			to Number, City or Town	n, State, Zip	Code)	
F	VIRGINIA E. JONES					ING R	D., BISHO			
	20e. METHOD OF DISPOSITION 1	I Irom State 20b. PL/ cemeter)	CEAND DATE	of DISPOSITION (Their place)	ON (Name of	1.1			City or Tow	
	21. SIGNATURE OF FUNERAL SERVICE LICENS		EVERGR	_	ME AND ADDRES		./28/93 :	REKL	LN, M	IARYLAND
	> Kenty K. Solo	Terrey		HAC	TINCS E	TIMEDA	I HOME C	पटा एक	3777 T 1	E, DE. 19975
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Z	Convention Not an alate.			/						
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							PERFOR		1 3	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
ME										1 _ YES 2 _ NO
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DE	ATH (Check	pnly one)			
YSIC		OSPITAL: Inpatient 2 ER/Outpatien	vt 3 □ DOA	OTHER:	Home 5 Re	sidence 6	Other (Specify)			
	27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIM INJ	URY	c. INJURY AT WORK?		d. DESCRIBE HOW IN	JURY OCC	URED	
ВУ	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY A	At home, Jerm, s		1 YES 2	-	I, LOCATION (Street a	nd Number	or Rural Br	oute Number
Ë	4 Homicide determined	building, etc. (Specify)					City or Town, State)			
COMPLETED		N: To the best of my knowledge								
S		On the basis of examination and	d/or investigation	n, in my opin	ion, desth occure	ed at the time	e, date and place, end	due lo th	e ceuse(e)	end manner se stated.
BE	206. BIGHATURE AND TITLE OF CERTIFIER	// MM				NSE NUMBER				Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH	(ITEM 27) (Type,	Print)			78		129.	
	David E. Coust.	MB 145 E		roll	54.	Salis	buy p	10 2	180	7
	31. DATE FILED (Month, Day, Year) NOV 2 9 1993	32. REGISTRAR'S SIGNATUR	RE				Ü			
	NUV 2 9 1993	Julia Lavidson To	and Do							

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-turned be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netitled at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

180: 17

ACTO P. 4. DOCAL SECURITY NUMBER P. 5. SEX. S. AGE (in yr.: int timmory) Marcel 1124 1993 0.944 112 1993 0.944	1. DECEDENT'S NAME /First Middle Las		CERTIFIC	CATE OF DEAT	Ή	REG. NO.		
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A COUNTY OF DEATH A COUNTY OF DEATH A COUNTY OF DEATH A COUNTY OF DEATH AND A COUNTY AND A COUN					24 HRS. 7. DATI	E OF BIRTH	S. BIRT	HPLACE (State or Foreign htry)
COLOR COCK. COLOR COCK. COLOR COLOR COLOR		AX	47 YRS.	UNITE UNITE HOURS	Apr	11 28,19	46 M	
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Security Security Security	10e. STREET AND NUMBER	THE REST		101. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?
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WILLIAM E. EVAIS Susie Johnson 186. MALING ADDRESS (Street and Humber or Rural Route Number of Rural Route	III I HOVE MENTION & MENTION	FORCES? 1 TYES	2 XNO	If yes, specify Cubar	ı, Mexicen, Puerto		Ble	
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William F. Evans 654 Greenbriar Lane Annapolis, MD 21403 METIOD OF DISPOSITION William F. Evans 654 Greenbriar Lane Annapolis, MD 21403 METIOD OF DISPOSITION William F. Evans 6554 Greenbriar Lane Annapolis, MD 21403 MOSES Cemetery 12/01/93 Lothian, MD 21. BORATURE OF PINNERAL SERVICE LICENSEE 22. PART I. Enfer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List ship one cause on each line. MIMEDIATE CAUSE (Final diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Because or one-dition resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 22. WAS CASE REFERENCE TO MEDICAL EXAMINER. Or DEATH (Theorem or contributing to death but not resulting in the underlying cause given in Part I. 23. WAS CASE REFERENCE TO MEDICAL EXAMINER. Or DEATH (Theorem or contributions) and the properties of the properties		Evans		Su	sie		Johns	on
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Dours after death. Page 5 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMO	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within Fours after death. Page 6 may be intained by the hospital or attending physician.	may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages the within 70 hours after death with the State permit of Mental Hunishe poler to burial cremation or removal.	or, page 5 should be detached for use as the burial-transit permit. Page
IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	ust be notified at once.

VASANT

31. DATE FILED (Morith, Day, Year)

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NOV 26

1. DECEDENT'S NAME (First, Middle, Last) Nora Verndetta K			Ċ.		T.	1		2. DATE	OF DEATH	DAY	YEAR		OF DEATH
4. SOCIAL SECURITY NUMBER 213-18-8835	5. SEX	6. AGE (In yrs. I		IF UNDER 1	YEAR DAYS	IF UNDE	R 24 HRS.	(Mon	OF BIRTH	100:	Cou	intry)	State or Forei
		- 14	92 YRS.						ch 9,	_		rylan	d
9a. FACILITY NAME (If not institution, give	•			9b. CITY, 1	TOWN C	OR LOCAT	ION OF D	EATH		9c. CO	UNTY OF	DEATH	
Washington Cou	nty Hosp:	ital		H.	age	rsto	WII			W	Shi	nato	rl
10a. STATE 10b. COUNT	TY		10c. CITY,	TOWN OR	R LOCAT	TION						10d, INS	SIDE CITY
Maryland Wash	ington		На	gers	town	n						LIN	HITS? ES 2: N
10e. STREET AND NUMBER			114,	6013		, ZIP COD	E			10a. Cl	TIZEN OF	F WHAT CO	32
18024 Putter Dri	ve					21	740						
11. MARITAL STATUS	12. WAS DECEDER	T EVER IN U.S. A	ARMED	13. W	AS DEC			NIC ORIGI	N? (Specify Y	n or No.	_	SA.	dean Indian
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3 Widowed 4 Divorced	IF YES, GIVE Y	MAH OH DATES		1	☐ YES	2 🔯 NO	Specif	y:				ite	
15. DECEDENT'S EDU		16a, C	ECEDENT'S U	SUAL OCC	CUPATIO	ON		16	. KIND OF BI	JSINESS/IN			
(Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of wo lie. Do NOT use	retired.)	uring mo	st of work	ng						
6	0	7	house	wife									
17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First.	Middle, Maide	n Surname)			
unknown						-			zabetł				
19a. INFORMANT'S NAME (Type/Print)		T	19b. MAILINO A	ODBESS	(Street n		_					_	
Belle E. Greenfi	eld		18024										10
20a, METHOD OF DISPOSITION	CIG						, na						
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	OFMOSE		: UIII						27-93	Hag	erst	town,	Maryl
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21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	nnie	L	22. N. MIN	IAME AN	CH F	UNER	AL H	OME				
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23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO b. DUE TO c. DUE TO d	et ceused the cuse on each life O (OR AS A CONSI O (OR AS A CONS	EOUENCE OF): EOUENCE OF): EOUENCE OF): Tresulting in 3 DOA 28b. Time injuly home, farm, str	22. N. MIN 415 t enter ti t enter ti t enter ti t enter ti t enter ti t enter ti t enter ti	iAME AMNION TO THE METERS AND THE ME	g cause CH F Wi de of dy g cause g cause and place leath occur leath occur	given in	Part I.	24a. WAS A PERFC 1 VES	N AUTOPSYRMED? 2 AND INJURY OX and Numbers and due to 1	CCUREO or or Rura	Alb. WERE AL AMILAB COMPLE OF DEAT	. 217 pproxima terval Be naet end UTOPSY FIN LE PRIOR T TITION OF CO TH? ES 2 N

MILL ST

MAC, MO

21740

33h

32. REGISTRAR'S SIGNATURE

MD

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR 1 - STATE REGISTRAR	STATE OF MARYLAND / DE	PARTMENT OF H		ENTAL HYGIEN	93	36087
1. DECEDENT'S NAME (First, Middle, Leat) NORMA ELIZABETH R	ERR			2. DATE OF DEATH DA		
4. SOCIAL SECURITY NUMBER 202 30 0918 9s. FACILITY NAME (If not institution, give	<u> </u>	TRS. MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. R LOCATION OF DEA	7. DATE OF BIRTH (Month, Day, Year) 09-29-03	0	IRTNPLACE (State or Foreign ountry) RYLAND
SACRED HEART HOS	PITAL	CUMBERI			ALLEC	
	LEGANY	CUMBERLA	ND			10d. INSIDE CITY LIMITS? V YES 2 NO
100. STREET AND NUMBER 1815 FREDERICK	STREET	101.	21502		U.S	. A .
11. MARITAL STATUS 1 X Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES	If yes, spe	ENDENT OF HISPANI celty Cuban, Mexican 2 NO Specify:	C ORIGIN? (Specify Yes, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	ENT'S USUAL OCCUPATION Ind of work done during mos NOT use retired.) ACHER	N I of working	16b. KIND OF BUS	ATION	RY
17. FATNER'S NAME (First, Middle, Leet) GEORGE W. KER	R			E (First, Middle, Melden		TNER
19a. INFORMANT'S NAME (Type/Print) RUTH KERR		ALINO ADDRESS (Street of				
20a. METHOD OF DISPOSITION 1	noval from State 20b. PLACE AND Compton, Crongle GREEN	DATE OF DISPOSITION (Nei	TERY //-	0ATE 20c. LOC	JMBERL	AND, MD
21. SIGNATURE OF FUNERAL SERVICE L	ROChural	GEORG	E - UPCHU	RCH FUNE	RAL H	OME, P.A., MD 21500
23. PART I. Enter the diseases, or ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that coused the death. List only one cause on each line. a. Massive Company of the course of the c	rebroVas				Approximeta interval Betwee Onset end Das
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUER DIRETO (OR AS A CONSE	d Ga	stric	ulcer	-	
PART II. Other algnificent condition	ne contributing to death but not resu	iting in the underlying	cause given in F	Part I. 24e, WAS AN PERFOR 1 TYES 2	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PL	ACE OF DEATH (Chec	ck only one)		
1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	1 Supportent 2 ER/Outpatient 3 I	DOA 4 Nursing Home b. TIME OF INJURY 28c. INJURY	RK7	Other (Specify) 28d. DESCRIBE NOW II	JURY OCCURE	0
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY — At home, building, etc. (Specify)		ES 2 NO	251. LOCATION (Street e City or Town, State)	nd Number or R	ural Route Number,
anal .	SICIAN: To the best of my knowledge, death of ER: On the beels of examination end/or investigation.					use(e) end manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIC		C.	29c. LICENSE NUMI	BER		NED (Month, Day, Year)
8, Fall ; M.D	HO COMPLETED CAUSE OF DEATH (ITEM 27	r Cumbo	Wand 1	m 215	302	

6

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DHMH-t5 Rev 1/89

	1. DECEDENT'S NAME (First, Middle, Last)			OF DEATH	REG. NO	DAY YEA	3. TIME OF DEA
	IRVIN CHARLES KN					11 18	93	6:10
	4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE	(in yrs. last birthdi	MONTHS DA	EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		NRTHPLACE (State or Fountry)
	90. FACILITY NAME (If not institution, give	A			WN OR LOCATION OF D	Mar 30	90, COUNTY O	MD OF DEATH
TOR	SACRED HEART HOS				BERLAND			CGANY
DIRECTOR	10s. STATE 10b. COUN			mberla				10d. INSIGE CITY LIMITS?
	MD ALLS	egany		Imeria	101. ZIP CODE		10g. CITIZEN	1X YES 2 ☐ OF WHAT COUNTRY?
FUNERAL	118B Virginia	Avenue			21502		USA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ARMED 2 NO NATES	If yo	DECENDENT OF HISPA e, specify Cuban, Mexica YES 25 NO Specific	in, Puerto Rican, atc.)		RACE — American Indi Black, White, atc. Specify:
C C	16. DECEDENT'S ED (Specify only highest gre	WW TT		T'S USUAL OCCU	PATION ng most of working	16b. KIND OF BU	ISINESS/INDUSTR	hite
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NO	T use retired.)	ng most or working			
COMP	17. FATHER'S NAME (First, Middle, Last)		retir	ed	46 MOTUEPIO NA		xtile	
20	Transfer of transfer and transf				-	ME (First, Middle, Meider		
TO BE	WE INFORMANT'S NAME (1/20/PITE)	em	19b. MAIL	ING ADDRESS (St	reet and Number or Rural	mma T.1 ow Route Number, City or Tox		•)
F	Kathleen	Marion	1	18B Vir	cainia Avor	ue Cumber	rland	MD 21502
	201 METHOD OF DISPOSITION 1 Surlei 2 Cremation 3 Re	moval from State cen	netery, cramatory	TEOF DISPOSITIO	N (Nama of	OATE 20c. LO	OCATION — City of	or Town, State
	21. SIONATURE OF FUNERAL SERVICE I	JICENSEE S	unset M	emorial	Park ME AND ADDRESS OF FA	11/21 0	mberlar	nd MD
	1000	2 1/0-	. , 11		arpelli F			
	23. PART/I. Enter the diseases, or	complications that save	RILL	Cun	berland.	Marylan	d 215	502
	shock, or heart fallure	b. List only one cause on e	prine death. D	o not antar the	i mode of dying, suc	n aa cardiac or reap	oratory arreat,	Interval B
	IMMEDIATE CAUSE (Final disease or condition	Conse	enture !	4-1	Filias			Onset and
4				10000	e control of			(mare)
	resulting in death)	DUE TO (OR AS			**************************************			bur
N	resulting in death)	DUE TO (OR AS A	A CONSEQUENCE	E OF):				day
ATION	resulting in death) Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS A	A CONSEQUENCE	OF):		4		day
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b. DUE TO (OR AS A	A CONSEQUENCE	OF):		toge		day
-	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR AS A	A CONSEQUENCE	OF):	in end	toge		day
- CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE	E OF): E OF): AARAAAA E OF):	in end,		ALITOREY	day
MEDICAL CERTIFICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE	E OF): E OF): AARAAAA E OF):	in end,		RMED?	day
MEDICAL CERTIFICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are supported in the conditions of the conditions are supported in the conditions of the conditions are supported in the conditions of the conditions are supported in the conditions of the conditions are supported in the conditions of the conditions are supported in the conditions of the conditions are supported in the conditions of the conditions are supported in the conditions of the conditions are supported in the conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE	E OF): OF): OF): OF): In the under	riying cause given in	Part I. 24a, WAS AI PERFO	RMED?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATN?
MEDICAL CERTIFICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE	OTHER:	riying cause given in	Part I. 24a. WAS AI PERFO 1 TYES	RMED?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF OF DEATN?
PHYSICIAN: MEDICAL CERTIFIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART N. Other eignificant conditions are sufficient conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 8 Pending	DUE TO (OR AS A DUE TO (OR AS A) DUE TO (OR AS A DUE TO (OR AS A) DUE TO (OR AS A)	A CONSEQUENCE	OTHER: 4 OTHER: 4 Nursing	riying cause given in	Part I. 24a. WAS AI PERFO 1 TYES	RMED? 2 2 ANO	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL CERTIFIC	resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART N. Other algoriticant conditions are in the conditions of the co	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE Dut not resultir	OF): OF): OF): OTHER: A OTHER: A ONUSING TIME OF INJURY M 1	riying cause given in 28. PLACE OF DEATH (C): Name 5 Residence L. INJURY AT WORK? YES 2 NO	Part I. 24a. WAS AI PERFO 1 YES eck only one)	INJURY OCCURE	24b. WERE AUTOPSY F AWAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL CERTIFIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART N. Other aignificant conditions are supported by the conditions of	DUE TO (OR AS A DUE TO	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resultie patient 3 DO 28b. Y — At home, far-	OF): OF): OF): OF): OTHER: A 4 Nursing TIME OF 284 INJURY M 1 m, street, fectory,	riying cause given in 28. PLACE OF DEATH (C) Nome 5 Residence C. INJURY AT WORK? YES 2 NO office	Part I. 24a. WAS AI PERFO 1 YES eck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, Steet to the cause(a) and ms	INJURY OCCURE and Number or Ru	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART N. Other aignificant conditions are supported by the conditions of	DUE TO (OR AS A DUE TO (OR A) DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR A) DUE TO (OR	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resultir y — At home, far- city) viedge, death occurs and/or investig	OF): OF): OF): OF): OTHER: A 4 Nursing TIME OF 284 INJURY M 1 m, street, fectory, urred at the time, atton, in my opini	riying cause given in 28. PLACE OF DEATH (C) Nome 5 Residence C. INJURY AT WORK? YES 2 NO office date and place, and due ion, death occured at the	Part I. 24a. WAS AI PERFO 1 YES **Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, Steet to the cause(a) and ma time, data and place, a MRER	INJURY OCCURE and Number or Ru inner as stated, and due to the cau 29d. DATE SIG	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICAL	PART N. Other algnificant conditions is any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART N. Other algnificant conditions are suiting in death) LAST PART N. Other algnificant conditions are suiting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 8 Pending Investigation investigation deatmined 2 Accident 1 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS ONE) 2 MEDICAL EXAMINERS ONE SIGNATUME AND TITLE OF CERTIFIER 100. NAME AND ADDRESS OF PERSON V.	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE Dut not resulting patient 3 DO 28b. Y — At home, far city) and/or investig ACAR REM 27 (12 M 27) (12 M 27	OTHER: OT	riying cause given in 28. PLACE OF DEATH (Cr. Nome 5 Residence c. INJURY AT	Part I. 24a. WAS AI PERFO 1 YES **Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, Steet to the cause(a) and ma time, data and place, a MRER	INJURY OCCURE and Number or Ru inner as stated, and due to the cau 29d. DATE SIG	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATN? 1 YES 2 Ural Route Number, use(e) and manner se a

3 shou		9a. FACILITY NAME (if not institution, give atreet and number)			96. CITY, TOWN OR LOCATION OF DEATH				INTY OF	
60	5	Memorial Hospital			Cumberland			Δ	11e	
r attending physicianuse as the burial-trant parts and 1. 2.	15	RESIDENCE OF DECEDEN							- L - L - C -	
	DIRECTOR	10a. BTATE 10b. CO			TY, TOWN OR L					
	7.0		legany		umber	land				
	FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE	10g. CITIZEN C			
		12 Blackisto				21502		US		
	B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	wer Married 2 Married FORCES? 1 YES			2 NO II yes, specify Cuban, Maxican, Pur			14. RA Bit	
	윤		ECEDENT'S EDUCATION only highest grade completed)		S USUAL OCCU	PATION ng most of working	16b. KIND C	18b. KIND OF BUSINESS/INDUST		
5 % N	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		(Give kind of work done during most of life. Do NOT use retired.) Housewife				Home	
MARYLAND retained by the hospital S should be detached	COM	17. FATNER'S NAME (First, Middle, Las	()			18. MOTNER'S NA	AME (First, Middle, M	laiden Surname)		
RYL,	E C						ma Crowe			
MAR retained 5 should	TO BE	19a. INFORMANT'S NAME (Type/Print)			O ADDRESS (St.	reet and Number or Rural		or Yown, State, Zie	n Codel	
	10	Wallace B. Ke	eller.Jr.			ton Ave.				
RE, may be	90	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE		M/Mama of	DATE 2	o LOCATION -	City or	
6 m	Hust.	Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	Sunset N	other place)	ark //	-27-92 (Cumber	lar	
BALTIMORE, er death. Page 6 may be the funeral director, page	5	21. SIGNATURE OF FUNERAL SERVICE		00110001	22. NAN	NAME AND ADDRESS OF FACILITY				
LT and	examiner	Ernest a. Riley, Dr. 23. PART I. Enter the diseases, or complications that caused the death. D		1- 1		Leasure-Stein, Inc. 230 Ba				
9 =	medical ex				Cumberland, Md. 21502					
ECORDS, P.O. BOX 68760, signed by the atending physician and completely fill health and Mental hygiene prior to burial, cremation, was any injury, or other traumatic event, the	any injury, or other traumatic	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. MMMM DUE TO/TOR	AS A CONSEQUENCE OF	or _j .	rlying cause given in	Pi	AS AN AUTOPSY ERFORMED?	2	
N requ							_			
- E - m	ed, or item 23 s PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC	AL HOSPITAL:			6. PLACE OF GEATH (CI	heck only one)			
ICIAN: The	YSI	1 TYES 2 NO		/Outpatient 3 🗆 DOA	OTHER:	Home 5 🗆 Realdence	6 Other (Specifi	y) -		
O FF sight	y PH	27. MANNER OF DEATH	1 Natural 5 Pending (Month, Day, 1		JURY	WORK?	28d. DESCRIBE NOW INJURY OCCURED			
DIVISION OF VI- OR ATTENDING PHYSICIAN: DIRECTOR: After this cardifica- hours after death with the bit.	TED BY	3 Accident Investigation 3 Suicide			street, factory,	office		LOCATION (Street and Number or Rure City or Town, State)		
OPRIL DIRE	DRIANT: If item 28 IS	one)	PHYSICIAN: To the best of my MINER: On the best of exami				time, data and pia		he caus	
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	TO B	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Typ	e, Print)	D 160	41	 	1-0	
1/)	7) (7)								

NORMA

1 M 2 F

5. SEX

Lee

6. AGE (In yrs. lest birthday)

63

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

220-26-7684

9a. FACILITY NAME (If not institution, give atreet and number)

93 36089 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2. DATE OF DEATH DAY YEAR NOVEMber 24,1993 3. TIME OF DEATN 7:43 a 7. DATE OF BIRTH (Month, Day, Year) 9-4-1930 8. BIRTNPLACE (State or Foreign Country) Maryland 9c. COUNTY OF DEATN Allegany 10d. INSIDE CITY LIMITS? XXYES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. etc.) Specify: White OF BUSINESS/INDUSTRY Home Maiden Surname) ty or Town, State, Zip Code) erland, Md. 21502 20c. LOCATION -- City or Town, State

Cumberland, Maryland c. 230 Baltimore Av. 502

or respiratory arrest, Approximate Interval Between Onset and Death

> 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE WAS AN AUTOPSY PERFORMED? YES 2 NO

1 | YES 2 | NO

(Street and Number or Rural Route Number, n. State)

place, and due to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year) -95

Dr. Terry Williams-Memorial Hospital Medical Building-Cumberland, ND 21502

CERTIFICATE OF DEATH

KELLER

MONTHS DAYS

IF UNDER 1 YEAR | IF UNDER 24 HRS.

31. DATE FILED (Month, Day, W-7 1993

V.,

		REGISTRAR		CERTIF	ICATE C	F DEATH	RE	G. NO.			
		1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DAY YEAR		. TIME OF DEATH		
		Lena	Luray Kor	man			Nov.	27 , 1993	3	0:00 A = 1	
	ECTOR	4. SOCIAL SECURITY NUMBER	The second second	E (In yrs. lest birthday)	IF UNDER 1 YEA		7. DATE OF BI (Month, Day,		8. BIRTHPL Country)	LACE (State or Foreign	
30		217-74-7683		91 YRS.	months Dat	rs noons am.), 1902		vland	
300		Sa. FACILITY NAME (If not institution, give at			9b. CITY, TOV	VN OR LOCATION OF DE	ATN	9c. COL	UNTY OF DEA	ATH .	
1		3612 Millender Mi	ll Road		R	eisterstow	m	Ba	altimo	re	
607		RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	7	10c. Ci	TY, TOWN OR LO	CATION	-		1	IOd. INSIDE CITY	
2.2	띩	Maryland Balt	imore			terstown				LIMITS?	
or attending physician.	BY FUNERAL	10e. STREET AND NUMBER	HIOLE		VETP	10f. ZIP CODE		10a. CD		AT COUNTRY?	
		3700 Millender Mi	11 Road			21136		100	USA		
		11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS	DECENDENT OF HISPAN	HC ORIGIN? (Spi	ecify Yes or No-		- American Indian.	
215-0020 attending physic use as the burial		1 Never Married 2 Merried	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		If yes	i, specify Cuben, Mexica YES 2 NO Specifi	n, Puerto Rican,	Puerto Rican, etc.) Bi		White, etc.	
5-U as the		3 Widowed 4 Divorced							1	White	
USe a	TED	15. DECEDENT'S EDUC (Specify only highest grade		16e. DECEDENT'S (Give kind of	work done during	PATION g most of working	16b. KIND	OF BUSINESS/IN	DUSTRY		
S 2	LET	Elementary/Secondary (0-12)	College (1-4 or 5+)	IRe. Do NOT use retired.)		itired.)					
AND Z the hospital detached for	COMPL	6		House	ewite						
4 8 8	8	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA					
ed by	H	Theodore Wilhelm					Wilhel				
retained 5 should notified	2	190. INFORMANT'S NAME (Type/Print) Robert I. Korman				eet end Number or Rural i				077.06	
		20a, METHOD OF DISPOSITION				der Mill F	-				
I E y to		1 Burial 2 Cremation 3 Remo	oval from State C	Ob. PLACE AND DATE emetery, crematory or	other place)			20c. LOCATION -			
Page 6 m director,		4 Donation 5 Other (Specify)		Mt. Zion	Cemete	Y E AND ADDRESS OF FA	11/30	Upperco			
death. Pag funeral di i. examiner		14.	11/8/	2			EL	ine Fune			
s after de by the fu emoval.		yeven	v, ca	ne		S. Main S				d. 21074	
th certificate be executed within 24 hours ending physician and completely filled in I Hygiene prior to burial, cremation, or no other traumatic event, the mee	CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on BRONCHOP DUE TO (OR AS	each ilne.		mode of dying, suc	n au carolac c	or reepiratory at	Test,	Approximate interval Between Onset and Death	
		Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.									
that the death hed by the atter that and Mental any injury, o		PART II. Other algolficent condition	s contributing to death	but not resulting	in the underl	ying ceuse given in	Part I. 24a.	WAS AN AUTOPSY	24b. ¥	VERE AUTOPSY FINDINGS	
that the led by the and In	DICAL	SENILE DEMENTIA 1 YES TO NO							MAILABLE PRIOR TO COMPLETION OF CAUSE		
se du se	MED	- JUNETIA	DEMBINE TW				_ ''	TES ZELHO		F DEATH?	
v require been significant							- 1		1		
The law are has b are Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			20	B. PLACE DF DEATH (Ch	eck only one)				
SICIAN: The certificate h the State i	Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Ou	stpatient 3 DOA	OTHER:	Home 5 Residence	6 Other (Soe	clfv)			
rSiCiA s certif	ξI	27. MANNER OF DEATH	28a, DATE OF INJURY	Y 28b. TH	WE OF 28c	INJURY AT		E NOW INJURY O	CURED		
NG PHYS fler this eath with	ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year,	"	JURY M 1	WORK?					
) 5 4 5 m		3 Suicide 6 Could not be	28e. PLACE OF INJUI	28e. PLACE OF INJURY — At home, ferm, street, factory, officibuliding, etc. (Specify)		office	ice 281. LOCATION (Street		t end Number or Rural Route Number,		
DR ATTEN DIRECTOR: hours after tern 28 is	=	4 Nomicide determined		,		City or Town, State)					
AL DIRI	COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ee stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end menner es stated.									
FUN With		29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED									
TO THE HOSPIT TO THE FUNERA De filed within 7	BE	Ac Jourses	W. MID			D1290		•	4/29	192	
FFA	5	30. NAME AND ADDRESS OF PERSON WHO	-1-	DEATN (ITEM 27) (Typ	e, Print)	11-1-10			1-1	/ ')	
		DEOGRACIAS V FA	USTINO, M	.D. 411	1 LOWE	ER BECKLE	YSVIL	LE RD	HAMPS	STEAD, ME	
		31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIG	MATURE MANAGER						210	

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s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remova	A series of the
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	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLAN	D / DEPAI	RTMEN	T OF H	IEALTH DE AT	AND	MENTA	L HYGIEN	-	93	36091
	1. DECEDENT'S NAME (First, I	Middle, Last)			02/1/11	ioni		DLA			OF DEATH			3. TIME OF DEATH
	Carolyn Muss	er Ke	nnedv							NOV	ember 2	7.199	3YEAR	12:40 р. м
	4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yn	s. last birthday)	IF UNDE	R t YEAR	IF UNDER	24 HRS.	7 DATE	OF BUTTH			IPLACE (State or Foreign
	188-03-1733		1 □ M 2 1 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mor	30, 1	916	Count	sylvania
	9e. FACILITY NAME (If not inst	itution, give at	reet end number)			9b. CIT	Y, TOWN C	OR LOCATI	ON OF D		. JO, I	9c. COUN		
DIRECTOR	Kitty's Domi	cilia	ry Home			1		rsvi		7.54		20, 27		nne's
<u> </u>		10b. COUNTY			10c. CI	TY, TOWN	OR LOCAT	TION						10d. INSIDE CITY
L DIF	Maryland 100. STREET AND NUMBER	Ke	nt		Κε	enned								1 YES 2 NO
FUNERAL	11858 August	ine H	erman Hw	У				21645					USA	VHAT COUNTRY?
5	11. MARITAL STATUS		12. WAS DECEDEN			13.					N? (Specify Ye	s or No-		- American Indian,
ВУ	1 Never Merried 2 🕅 M 3 Wildowed 4 Divorce		FORCES? 1	AR OR DATES	□ NO			2 X NO			Rican, etc.)		Speci	y; white, etc.
														White
COMPLETED	15. DECEI (Specify only i	DENT'S EDUC highest grade	CATION completed)	16a	(Give kind of	work done	during mo	ON at of workin	10	16	b. KIND OF BU	SINESS/IND	USTRY	
E	Elementary/Secondary (0-1	2)	College (1-4 or 5	+)	life. Do NOT u	se retired.)								
MP			1		Secre	etary	r					ical (Comp	any
8	17. FATHER'S NAME (First, Mich										Middle, Melder			
BE	William H. M		. Sr.								McCle.			
5	19a. INFORMANT'S NAME (Typ										ber, City or Tov			21645
	George Kenne				11858	3 Aug	usti	ne H	[erma	an l				le, Maryland
1	20e. METHOD OF DISPOSITIO 1 □ Burlal 2 □ Cremation	3 🗌 Remo	val from State	20b. PLA	CEAND DATE	OF DISPO	SITION (Na	me of		DA	TE 20c. LC	CATION —	City or To	wn, State
1	4 Donation 5 Other (S			Kenn	edyvil						3 Ken	nedyv:	ille	, Maryland
1	21. SIONATURE OF FUNERAL	SERVICE LIC	ENSEE					O ADDRES			Tama	D 4		01.651
	Har	13 7	eller	us							Home,		M	21651 arvland
\neg	23. PART I. Enter the dis-	eesea, or c	omplications the	t coused the	e death. Do	not ente	the mo	de of dyl	ng, suc	h aa ca	diec or resp	iratory arm	est,	Approximata
	IMMEDIATE CAUSE (Fina		lst only one ceu	ise on each	lina.	_								Interval Between Onset and Death
	disease or condition					(1	5	CL	1.1) .				240-4
ı	resulting in death)		DUE TO	(OR AS A COI	NSEQUENCE O			6.0						201
z	A 100 00000 0. (0-11-0-0000													1 4
CERTIFICATION	Sequentially list condition if any, leading to immediate		DUE TO	(DR AS A COI	NSEQUENCE O	F):								
ঠ	cause. Enter UNDERLYIN CAUSE (Disease or Injury													
E	that initiated events		DUE TO	(OR AS A CO	NSEQUENCE O	F):								
H	reaulting in death) LAST													
	PART II. Other algorificant	t conditions	contributing to	death but n	of resulting	In the m	adarlying	2 00000 0	uluan In	Dort I	24s. WAS AN	LAUTTORON	1	
CAL			- usualing to	doorn but it	ot resulting	iii tiio ui	ing child) cansa (liven in	Part I.	PERFO	RMED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICA										_	t 🗌 YES	NO		COMPLETION OF CAUSE OF CEATH?
Σ									-					1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL						111111111						
₫	EXAMINER?	MEDICAL	HOSPITAL:			QTHE		ACE OF O	EATH (Ch	eck only o	ne)			
ΥS	1 YES 2 NO		1 Inpatient 2		-	4X Nu	sing Hom	e 5 □ Re	sidence					
	27. MANNER OF DEATH 1. Netural 5 Pe	endina	28e. DATE OF (Month, D		28b. TIN	JURY		RK?		28d. OE	SCRIBE HOW	INJURY OCC	UREO	
À		vestigation		- Department		М		ES 2	NO					
		ould not be termined	building,	etc. (Specify)	it home, lerm,	street, fac	tory, office			281. LO	or Town, Stete	end Number ()	or Rural P	loute Number,
COMPLETED			CIAN: To the best of											
Š	one) 2 MEDICA	AL EXAMINER	: On the basis of a	xamination end	d/or Investigation	on, in my	opinion, de	eath occur	ed at the	time, det	end place, e	nd due to the	ceuse(s	end manner es stated.
BE C	29b. SIGNATURE AND TITLE O	ғ септірген	//	0	1			29c. LICE	NSE NU	MBER		29d, DATE	SIGNED	(Month, Day, You)
	Sola	15	1 Am	W	MI	~		1	12	3 9	15	> /	1-	24-43
2	30. NAME AND ADDRESS OF F	EBSON WHO	COMPLETED CAU	SE OF DEATH	(Type 27) (Type	, Print)		~					,	1
_	31. DATE FILEO (Month, Day, Ye.	K	Dmi	th,	11									/
3/4	NOV 2	9 '93		chia Day	dson-Pa	ndell								

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te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

N. Ranjithan M.

31. DATE FILED (Month, Day, Year)
NOV 2 2 1993

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I SAAC 4. SOCIAL SECURITY NU 233-26- 90. FACILITY, NAME (# no				т					MONTH	DAY	TE	AR	
233-26-					LEWIS				11	19	199	3	6:25 m
	8157	5. SEX	6. AGE (In yrs. 74	(ast birthday) YRS.	IF UNDER 1	YEAR DAYS	HOUNE M	ord.	AUGUST	nr)	1919	Country)	ACE (State or Foreign
Memorial RESIDENCE OF D					9b. CITY,		nberla	OF DEAT			Alle	OF DEA	ATH
MARYLAND	AL:	LEGANY		1000	JMBER								INSIDE CITY LIMITS?
RFD# 3 E	n EDFORD	ROAD				101.	ZIP CODE	2150	02			OF WH	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 D		12. WAS DECEDED FORCES? 1 IF YES, GIVE W		ARMED NO	13. W	AS DECI yes, spe	ENDENT OF H	IISPANIC fexican, Specify:	ORIGIN? (Specif Puerto Rican, etc	y Yes o	r No- 14.	RACE - Bleck, Specify	- American Indian, white, etc.
(Specify of Elementary/Secondary	CEDENT'S EDU only highest grade (0-12)	CATION completed) College (1-4 or 5	16a.	DECEDENT'S (Give kind of a life. Do NOT us S.DEP'	work done du se retired.)	uring mos	st of working				CTOR/		TTARV
12 17. FATHER'S NAME (First, ISAAC E.		4	0.	D.DEE.	L OF	JEF	18. MOTHER		(First, Middle, Me A REBEC	iden St	imame)		TAKI
19a. INFORMANT'S NAME GENEVA A.							ROAD		ite Number, City of MBERLAN				21502
23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list conditions, leading to immosuse. Enter UNDERI CAUSE (Disease or in that initiated events	iltiona, lediata	a. DUE TO	(OR AS A CON	SEQUENCE OF	not enter t	the modern du	de of dying,	, such	REET CIII	espira	13 hen)	Approximate interval Betwo
PART II. Other algnifi	cent condition	d. Contributing to	death but no	ot resulting Avs Mel	In the und	(CAD		1 YE	RFORM		0	VERE AUTOPSY FINDIN MAILABLE PRIOR TO OMMELETION OF CAUS F DEATH? YES 2 NO
EXAMINER? 1 □ YES 2 ▼ NO 27. MANNER OF DEATH	TO WEDICAL	HOSPITAL: 1 Inpatient 2 I	INJURY	28b. TIM	E OF	:		ence 8	Other (Specify	_	URY OCCUR	D	
1 Natural 5 [2 Accident	Pending investigation Could not be	(Month, L	of INJURY — All		M M street, factor	1 🔲 Y	ES 2 N	0	81. LOCATION (SI City or Town,	reet and			rte Number,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) Oldtown Road Cumberland, MD

		50
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within from steer death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIFFETURE After this certificate has been support by the attending shriddown and completely filled in by the numeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Digit, of Health and Mental Hydeine prior to burial, cremation, or removal.

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND		GIENE	93 36093
7	1. DECEDENT'S NAME (First, Middle, Last)		III CA	LONG	2. DATE OF D		3. TIME OF DEATH
	ELIZABETH 4. SOCIAL SECURITY NUMBER		UISA E (In yrs. lest birthday)		мфитн 11		93 2;40 A M
	218-38-0794	1 M 2 K F		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BI (Month, Day, 7-19	Year)	8. BIRTHPLACE (State or Foreign Country) MARYLAND
	9e. FACILITY NAME (If not institution, give	atreet and number) SPR	ING HILL	9b. CITY, TOWN OR LOCATION OF		9c. COUN	NTY OF DEATH
ECTOR			RMS	CHILDS		CEC	LLi
	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY
N Ha	MARYLAND C	CECIL		CHILDS			LIMITS?
ERAL	10e. STREET AND NUMBER			10f, ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
FUNE	P.O. BOX 81	12. WAS DECEDENT EVER	IN ILS ADMED	21916	ANIC OBIGINS /C-	noths Man as No. T	USA 14. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	3 2 NO	If yes, specify Cuben, Mexic	can, Puarto Rican,	etc.)	Bleck, White, etc. Specify: WHITE
ЭВУ	3 Widowed 4 Divorced						till II
ETED	15. DECEDENT'S EDI (Specify only highest grad	le completed)	(Give kind of wo	ork done during most of working	16b. KIND	OF BUSINESS/IND	USTRY
교	Elementery/Secondary (0-12)	College (1-4 or 5+) 5+	SCHOOL		F	EDUCATION	1
once. COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, Middle,		
ed at	WEBSTER BRUCE LON	IG .			KROYER		
10	190. INFORMANT'S NAME (Type/Print) WEBSTER BRUCE LON	IC.		ADDRESS (Street and Number or Rural SNYDER DR., NW.			
8	20s. METHOD OF DISPOSITION	26	B. PLACE AND DATE OF	DISPOSITION (Name of		20s. LOGATION — C	
must	1 Durisi 2 C-Cremation 3 Ren 4 Donation 1 Other (Specify)		ALTIMORE	WASHINGTON CREN		LAUREL	. MARYLAND
raminer	21. SIGNATURE OF FUNERAL SERVICE O	TERMENTS O	()	22. NAME AND ADDRESS OF F	WILLIAM FLE	CK FUNER	RAL HOME, INC.
-81	Calal	equeay	day	7601 SANDY SI			
medical	shock, or heart failure.	complications was cause	ed the death. Do no		Laboratory and the second second	4114	
went, the	IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Varkar	A CONSEQUENCE OF)	t enter the mode of dying, su			Onset and Death
or other traumatic event,	IMMEDIATE CAUSE (Final disease or condition	B. DUE TO (OR AS	os cuertos	OK CAMDION			Onset and Death
ury, or other traumatic event,	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. DUE TO (OR AB DUE TO (OR AB DUE TO (OR AB	A CONSEQUENCE OF) A CONSEQUENCE OF)	CAMDION	DS Cuch	WAS AN AUTOPSY	Onset and Death 246. WERE AUTOPSY FINDINGS
any injary, or other traumatic event,	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (OR AB DUE TO (OR AB DUE TO (OR AB	A CONSEQUENCE OF) A CONSEQUENCE OF)	CAMDION	DS Cuch	n Dist	Onset and Death
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (OR AB DUE TO (OR AB DUE TO (OR AB	A CONSEQUENCE OF) A CONSEQUENCE OF)	CAMDION	DS Cuch	WAS AN AUTOPSY PERFORMED? Vies 2 NO	246. WERE AUTOPSY FINDINGS AMALABLE PROR TO COMPLETTOR OF CAUSE OF DEATH?
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MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS HOSPITAL:	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	the underlying cause given in the un	n Part I. 24e.	WAB AN AUTOPSY PERFORMEDY VEB 2 - NO	246. WERE AUTOPSY FINDINGS AMALABLE PROR TO COMPLETTOR OF CAUSE OF DEATH?
or item 23 shows any injury, or other traumatic event, YSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? SXYES 2 NO 27. MANNER OF DEATH	a. ATHEN DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in	the underlying cause given in 26. PLACE OF DEATH (COTHER: 5 \(\text{Nursing Home } 5 \text{\text{\text{Mesidence}}} \)	Part I. 24e.	WAB AN AUTOPSY PERFORMEDY VEB 2 - NO	246. WERE AUTOPSY FINCHIGS AMALABLE PRON TO COMPLETION OF CAUSE OF DEATH?
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28 is marked, or item 23 shows any injury, or other traumatic event, TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? **EXAMINER OF DEATH** 1 **Instrus**	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tyretient 2 DOA 236. TIME INJUITY At home, ferm, streety)	the underlying cause given in 26. PLACE OF DEATH (COTHER): 6 Nursing Home 5 XX Gesideoco	Part I. 24e. 1 (2) 2 Part I. 24e. 1 (2) 2 Part I. 24e. 2 Part II. 24e. 2 Part II. 24e. 2 Part II. 24e. 2 Part II. 24e.	WAS AN AUTOPSY PERFORMED? VES 2 NO STATE NO STATE AND NUMBER I (Street and Number in, State) and menner as state	246. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETTION OF CAUSE OF DEATH? 1 PYES 2 NO OURSE OF PRIOR Mambee
28 is marked, or item 23 shows any injury, or other traumatic event, TED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? **EXAMINER OF DEATH** 1 **Instrus**	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) but not resulting in tyretient 2 DOA 236. TIME INJUITY At home, ferm, streety)	26. PLACE OF DEATH (COTHER): 1	Part I. 24s. 1 (2) Check only one) 2 E C Other (Spe 2 2st. LOCATION City or 20st use to the cause(e) the time, date and public limits and public limits and public limits.	WALE AN AUTOPSY PERFORMEDT VEB 2 II NO 6/20 6/20 6/2	246. WERE AUTOPSY FINDINGS ANALARIE PROFITO COMPLETION OF CAUSE OF DEATHY 1 FYES 2 NO OURSE OF CAUSE (e) and menner as stated. E SIGNED (Month, Day, Ver)
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INCO WITH 12 FOUR STILL COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? WYES 2 940 27. MANNER OF DEATH 1	DUE TO (OR AS DUE TO	A CONSEQUENCE OF) A CONSEQUENCE	26. PLACE OF DEATH (COTHER: 1 Death COTHER: 1 Death COTHER: 26. PLACE OF DEATH (COTHER: 26. PLACE OF DEATH (COTHER: 30 Death COTHER: 31 VES 2 NO real, flactory, office 29c. LICENSE NI Co. C. D.	The Part I. 24a. 1 (2) 2 and Desperation (2) 3 and Desperation (2) 3 and Desperation (2) 3 and Desperation (2) 4 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2) 5 and Desperation (2	WAB AN AUTOPSY PERFORMED? VEB 2 NO 6/20 ONLY (Street and Number occ 1 (Street and Number occ 29d. DATE 1 1	246. WERE AUTOPSY FINDINGS ANALARIE PROFITO COMPLETION OF CAUSE OF DEATHY 1 FYES 2 NO OURSE OF CAUSE (e) and menner as stated. E SIGNED (Month, Day, Ver)

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	DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit in the control of the contr

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Fours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		SINIE UI I	CE				DEAT		NEN IA	REG. NO		20	3003
	1. DECEDENT'S NAME (First	t, Middle, Last)									OF DEATH	AY	YEAR 3.	TIME OF DEATH
	Allen		Clark			Logs	don			MONT				0628 M
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs, less	t birthday)			IF UNDER 2			OF BIRTN			ACE (State or Foreign
	190-74-26	25	1X M 2 F		YRS.	MONTHS 1	27	HOURS	MIN.		29/93	I		SYLVANIA
	Sa. FACILITY NAME (If not in	natitution, give s	treet and number)			9b. CITY	TOWN O	R LOCATIO	N OF DE	_			TY OF DEA	
OH O	Memorial	Hospi	tal.			Cu	mber	land				ALL	EGAN	Y
5	RESIDENCE OF DEC	10b. COUNTY			012							11111		
DIMECTOR	PA		FORD			YNDM		ION						Dd. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER)FUKD		n.	INDE								YES 2 X NO
FUNERAL	P. O. Bo						101.	ZIP CODE 155				US.		AT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo	orced	FORCES? 1	NT EVER IN U.S. ABI 1 YES 2 AN WAR OR DATES	10		if yes, spi	ocify Cuban 2 PNO	F HISPAN I, Maxica Specify	n, Puerto I			Specify:	American Indian, Vhita, etc.
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BE CO		EDWARI	LOGSDO	ON, SR				18. MOTH	ER'S NAI	ME (First,	Middle, Meiden N (DC	RAN)	BOW	LES
2	19a. INFORMANT'S NAME (1		OWLES	19t	P. (O B	SOX	nd Number of 208,	or Rural F	NDM	AN, P	A 1	5545	
	20a_METNOD OF DISPOSIT 1		ovel from State	20b. PLACE A	metory or o	ther plecel			1/3	OAT	20c, LO	CATION — C		•
	21. SIGNATURE OF FUNERA AUGUST 23. PART I. Enter the di	SERVICE LIC	Zelle	1	-	22. H H	NAME AN IARV IYND	EY H	s of FA	EIG	LER F	UNER -063	AL H	
NO	IMMEDIATE CAUSE (Fir disease or condition resulting in death)	nal →	b	NEANT DEAT	TH SYN	F)								Interval Between Onset and Deeth
CERTIFICATION	If any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diate ING ury	c	OR AS A CONSEC										
- 1														†
PHYSICIAN: MEDICAL	PART II. Other algnifica	int condition	e contributing to	death but not re	eaulting	In the un	iderlylng	i cause gl	Iven In	Part I.	1 TYPES 2	IMED?	CC	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
3	25. WAS CASE REFERRED TO EXAMINER?	O MEOICAL	HOSPITAL:					ACE OF DE	ATN (Ch	ock only or	10)			
2	1 XVES 2 NO		1 D Inpatient 2	X ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Res	idence	a 🗆 Othe	r (Specify)			
1 PH		Pending Investigation	26a. DATE OF (Month, E	INJURY Jay, Year)	28b. TIM	ME OF JURY M		URY AT PRK?	NO	28d. OE	SCRIBE HOW I	NJURY OCCI	URED	
	3 Suicide 8	Could not be determined	28e. PLACE C building,	OF INJURY — At hor, etc. (Specify)	me, farm,	street, fact	ory, office			281. LOC City	ATION (Street or Town, State)	and Number o	or Rural Rou	te Number,
COMPLEIED			ICIAN: To the best of a											nd manner as stated.
	296. SIGNATURE AND TITLE	OF CENTIFIE	A .	\wedge				29c. LICEI	NSE NUM	IBER		29d, DATE	SIGNED /M	lonth, Day, Year)
N N	(1) aus	10	le M	()								11		
2	30. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED C	SE OF DEATH (ITER	M 27) (Type	, Print)		U.	C.M	E.	-	1.1	26	1993
	J. Laron Lo		.D.	111			eet,	Balt	imo	re,	Maryla	nd 2	1201	
	31. DATE FILED (Month, Day	1993	REGISTRA	AR'S SIGNATURE										

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FOR STATE REGISTRAR	STATE OF N	CE	RITHIC	AIE UF	DEATH		REG. NO.		20	3609
1. DECEDENT'S NAME (First, Middle,	Last) Pabe	ROBERT K	EITH I	AYTON,	SR.	2. DATE MONT	OF DEATH	8	93	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219 56 8882	5. SEX	6. AGE (In yrs. last	YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	8-2	OF BIRTH h, Day, Year) 1-1951		Md	•
University of	Maryland He	ospital	9	Baltir	nore	DEATH			NTY OF D	
	Wicomico			isbury	TION					10d. INSIDE CITY LIMITS? 1X YES 2 NO
1937 Pineway		163		10	21801			US.		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARI X YES 2 N WAR OR OATES	MED IO	If yes, s	CENDENT OF HISPA Decity Cuban, Mexic 3 2 NO Spec	an, Puerto		or No-	Bleck	E — American Indian, k, White, etc.
15. DECEDENT' (Specify only highes: Elementary/Secondary (0-12)	S EDUCATION t grade completed) College (1-4 or 5 -	(Gi life.	ve kind of worl Do NOT use n		ost of working	168	. KIND OF BUS	SINESS/INC	DUSTRY	
17. FATHER'S NAME (First, Middle, La	•	For	ck Lif	t Driv	18. MOTHER'S N	AME (First,		Surname)	l Lun	nber
Charles Layt 190. INFORMANT'S NAME (Type/Print Marie T. Layto	1)	198			Elma E end Number or Rurer y Salisb	Route Num	ber, City or Town	n, State, Zip	o Code)	
20s. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 C 4 Donation 6 Other (Specify	Removal from State		ND DATE OF	DISPOSITION (N	ame of	OAT	E 20c. LO	CATION —		
	r)	Ispring	hill	Memory	Gardens			ehror		
21. SIGNATURE OF FUNERAL SERVI	M.	+/		Short P.O.	Gardens ND ADDRESS OF F Funeral Box 204	Home Delma	e, Inc	. 199	940	
21. SIGNATURE OF FUNERAL SERVI	M.	Coused the de de de de de de de de de de de de de	ath. Do not	Short P.O.	Funeral Box 204	Home Delma	e, Inc	. 199	940	Approximats Interval Betw
21. SIGNATURE OF FUNERAL SERVI 23. PART I. Enter this disease ahock, or heart for immediate CAUSE (Final disease or condition	a, or complications the filtre. List only one cau	Coused the de de de de de de de de de de de de de	ath. Do not	Short P.O.	Funeral Box 204	Home Delma	e, Inc	. 199	940	Approximats Interval Betw
23. PART I. Enter the disease ahock, or heart is immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a, or complications the filtre. List pnly pne cau	COR AS A CONSECUTION AS	ath. Do not	22. NAME A Short P.O. enter the mo	ND ADDRESS OF F Funeral Box 204 ode of dying, su	ACILITY Home De1ms ch ss can	e, Inc	. 199	940 rest,	Approximate Interval Betwoonset and Donest a
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1	1. DECEDENT'S HAME (First, Middle, Less				10	Par	A	2	MONTH	DAY		YEAR	1230
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		1 ₩ 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	y, Year)	016	Country)	100
	150-10-1629 9s. FACILITY HAME (If not institution, give	A	77	1110.	AV - AVE				AN. 1	3, 1			ACHUSE
oc	PENINSULA REGIO		T CENTE	D			BURY	ON OF DEAT	н		1.0	I COMI	
5	RESIDENCE OF DECEDENT	NAL MEDICA	L CENTE	K	3	ALIS	DUKI				W.	LCOFIL	.00
DIRECTOR	10a. STATE 10b. COUN	TY		10c. CIT	Y, TOWN C	OR LOCAT	ION						IOd. INSIDE C
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AL	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITIZ	ZEN OF WH	IAT COUNTRY
Ē	47 MCCABE STREET						19975	5			US	A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 TH	MED O		If yes, spi	ecify Cube		ORIGIN? (S _f Puerto Rican		or No-	14. RACE - Black, Specify	- American I Whits, etc.
ED	15. DECEDENT'S ED (Specify only highest grad	UCATION de completed			USUAL O		OH st of workin	~	16b. K/H	D OF BUS	INESS/IND	USTRY	WALL
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COMPL	17. FATHER'S HAME (First, Middle, Lest)				Homes		18. MOTH	ER'S HAME	(First, Middle	e, Maiden S	Surname)		T.EL
BE (VINCENT L. LaCOUR	RT							BARR				
10	19a. IHFORMANT'S HAME (Type/Print)		196	. MAJLIHO	ADDRESS	S (Street s	nd Number	or Rural Rou	te Number, C	City or Town	, State, Zip	Code)	
	GLADYS M. LaCOURT	<u> </u>						AIITI	E, DE			9975	
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re	moval from State	20b. PLACEA cemetery, cren	natory or o	ther place)				DATE			City or Tow	
	4 Donation 6 Other (Specify)	.o	ROX	KANA	CEMI	_				93 R	DXANA	, DE	LAWARI
	21. SIGNATURE OF FUNERAL SERVICE I	JUE MORE			22.	NAME AN	D ADDRES	S OF FACIL	ЛҮ				
	Keith K.	Loune	1		H	ASTI	NGS 1	UNER	AL HO	ME, S	SELBY	VILL	E, DE
RTIFICATION	Sequentially liat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	оче то цо	PR AS A CONSEO	UEHCE OF	X/0 F):	02	f L	Follow	Teile	ne de	2	6	Min
N: MEDICAL CEI	PART II. Other aignificent condition	one contributing to de	eeth but not re	euiting	in the un				10	PERFORI	MED?		VERE AUTOPS INVAILABLE PRI COMPLETION (DF DEATH?
4	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	R:		EATH (Check					
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BY	1 VES NO 27. MAHHER OF DEATH 1 NoTurel 5 Pending Investigation 2 Accident Investigation	28s. DATE OF IH (Month, Day,	IJURY , Year)	26b. TIM	M	1 🗆 1	RK? (ES 2] но					uta Numbar
D BY	1 VES 2 NO 27. MAHHER OF DEATH 1 Natural 5 Pending	28s. DATE OF IH (Month, Day,	IJURY , Year)	26b. TIM	M	1 🗆 1	RK? (ES 2] но	et. LOCATIO City or To	N (Street si			ute Number,
D BY	1 VES NO 27. MAHHER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHY	28e. DATE OF IH (Month, Dey, 28e. PLACE OF ibuilding, etc.)	IJURY Year) INJURY — Al hon c. (Specify) y knowledge, des	26b. TIM	M street, fact	tory, office	RK? /ES 2 _ e and place,	HO 2	of LOCATIO City or To	N (Street si wn, State)	nd Number	or Rural Ro	
COMPLETED BY	1 VES NO 27. MAHHER OF DEATH 1 Nefural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. DATE OF IH (Month, Dey, 28e. PLACE OF it building, et SICIAH: To the best of m	IJURY Year) INJURY — Al hon c. (Specify) y knowledge, des	26b. TIM	M street, fact	tory, office	RK? /ES 2 end place, eath occur	HO 2 and due to ad at the lin	8f. LOCATIO City or To the cause(s) ne, data and	N (Street si wn, State)	nd Number	or Rural Ro	and manner s
BE COMPLETED BY	1 VES NO 27. MAHHER OF DEATH 1 Metural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHY	28e. DATE OF IH (Month, Dey, 28e. PLACE OF it building, et SICIAH: To the best of m	IJURY Year) INJURY — Al hon c. (Specify) y knowledge, des	26b. TIM INJ me, farm, s	M street, fact	tory, office	RK? /ES 2 end place, eath occur	HO 2	8f. LOCATIO City or To the cause(s) ne, data and	N (Street si wn, State)	nd Number	or Rural Ro	
E COMPLETED BY	1 VES NO 27. MAHHER OF DEATH 1 Nefural 5 Pending Investigation 3 Suicide 6 Could not be determined 29. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	28e. DATE OF IH (Month, Dey. 28e. PLACE OF I building, sh SICIAH: To the best of m NER: On the bests of sxar	IJURY Year) INJURY — Al hore. (Specify) y knowledge, dea	26b. TIM INJ ne, farm, in ith occurr investigation	street, fect ed at the toon, in my d	wo 1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and place, eath occur	end due to ed at the lin	8f. LOCATIO City or To the cause(s) ne, data and	N (Street as wn, State)) and mani- place, and	ner as state f due to the	or Rural Ro	and manner

DHMH-16 Rev 1/89

		FOR STATE REGISTRAR	STATE OF MARYLAN		MENT OF H			GIENE a. NO.	93	360
		1. OECEDENT'S NAME (First, Middle, Last) Inez	Brinsfield		Linde	man	2. DATE OF DEA MONTH	DAY	YEAR	ME OF DEATH
P		4. SOCIAL SECURITY NUMBER 216-03-7416		-	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, M	(H bar)	. BIRTHPLACE Country)	E (State or Foreign yland
2, 3 should	TOR	98. FACILITY NAME (If not institution, give s William Hill M RESIDENCE OF DECEDENT	•		Eastor	R LOCATION OF DE	АТН		y of oeath bot	
Ones 1.	DIRECTOR	10a. STATE 10b. COUNTY Maryland Talb			TOWN OR LOCAT	ION			1	INSIDE CITY LIMITS? YES 2 NO
(Z)	FUNERAL	100. STREET AND NUMBER 712 N. Washing	ton Street		101.	21601			ISA	COUNTRY?
5-0020 nding physic is the buria	BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 TYES :	2 NO	If yes, spe	ENDENT OF HISPAN Helfy Cuban, Mexica 2X NO Specify	n, Puerto Rican, e		Black, White	merican Indian, te, etc. hite
Z I Z I	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		6e. DECEDENT'S UP (Give kind of wo life. Do NOT use Housew	rk done during mos retired.)	N at of working	16b. KINO (OF BUSINESS/INDU		
TLAND by the hospit be detached at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Lest) Herman Brinsf:	ield	nousew	TIE	18. MOTHER'S NA	ME (First, Middle, A		ille	
ay be retained by page 5 should by be notified a	TO B	19a. INFORMANT'S NAME (Type/Print) Wayne R. Linde		88 Pe	nnbroo	ke Ave	,State	or Town, State, Zip C on Isla	nd, N	
		20. METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	soval from State of cert	netary, crematory p	11 Cem	•	12-2 I	Easton,		inte
r death. w funeral. al. exami		JOHN R.	MERLE RO	N CF	Newn	am Fune	eral Ho	ome, P.		, MD
within 24 hours aft spletely filled in by cremation, or remo		23. PART i. Enter the disesses, or ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)		he daeth. Do no h lina.	t enter the mo	ds of dying, suc				Approximate interval Betwee Onset and Dea
be execucian and for to bur raumatic	ERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS A CO							
the death certificate by the attending physion and Mental Hygiene principle, or other the	O	resulting in death) LAST	d.				- I -			
L RECORD law requires that the as been signed by th bept, of Health and N 23 shows any Inj	MEDICAL	PART II. Other significant condition	a contributing to seath but	not resulting in	tha underlying	g cause given in	P	MAS AN AUTOPSY ERFORMED? YES 2 NO	AMAIL COMI OF D	E AUTOPSY FINDING LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
et the the	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch		(v)		
ATTENDING PHYSICIAN: ECTOR: After this certificals after death with the St n 28 is marked, or it	ву РНУ	27. MANNER OF DEATH 14 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c. INJ			HOW INJURY OCCL	IREO	
OR ATTENDIN DIRECTOR: At bours after de Item 28 is r	ETED	3 Suicide 6 Could not be 4 Homicide datermined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, st	reet, factory, offic	•	28f. LOCATION (City or Town	(Street and Number o , State)	r Rural Route I	Number,
로 글 전 =	COMPL	cool	BICIAN: To the best of my knowled ER: On the basic of examination e							manner ee stated.
TO THE HOSPIT TO THE FUNER De filed within 7	TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	Pan Ip			D 6)	225		1-25	
		Stephen P. Ca	200			d Ave.	, East	on, MD	21601	

	_	shou
0	7	Summer Sees 1
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician,	the funeral director, page 5 should be detached for use as the burial-transit per
00	te	5 5

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospic	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Deut, of Health and Mental Hypiere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ertificate be executed with	ing physician and comple rolene prior to burial, cres	other traumatic even
he law requires that the death c	has been signed by the attending Dept. of Health and Mental Hy	n 23 shows any injury, or
TENDING PHYSICIAN: Th	OR: After this certificate fler death with the State	8 is marked, or Item
TO THE HOSPITAL OR ATT	TO THE FUNERAL DIRECTL De filed within 72 hours at	IMPORTANT: If Item 2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2	DATE OF DEATH		3. TIME OF DEATH
- 3	EVELYNI B	ERTHA	LITT	HFT	FIN	MONTH DAY	3 93	5.57
1				UNDER 1 YEAR		DATE OF BIRTH	7	PLACE (State or Foreign
	THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SERVICE	1 M 2 F	Mr.	INTHE DAYS	HOURS MIN.	(Month, Day, Year)	Country	1)
	213 12 1313		OT				1911 Mar	
~	Sa. FACILITY NAME (If not institution, give street		9		PR LOCATION OF DEAT	н	9c. COUNTY OF D	EATH
Ö	Longview Nursing H	Iome		Mano	chester		Carr	oll
2	RESIDENCE OF DECEDENT 10e. STATE 10e. COUNTY							
E			10c, CITY, 1	OWN OR LOCAT				10d. INSIDE CITY LIMITS?
	Maryland Carr	coll		Westmi	nster			1 YES 2 NO
¥	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF W	HAT COUNTRY?
FUNERAL DIRECTOR	65 Pennsylvania Av	enue			21157		USA	
5		12. WAS DECEDENT EVE		13. WAS DEC	ENDENT OF HISPANIC	ORIGIN? (Specify Yes o	No- 14. RACE	- American Indian.
	1 Never Married 2 Married	FORCES? 1 YI		If yes, sp	ectly Cuben, Mexican, I 2XXVO Specify:	Puerto Rican, etc.)	Black	, White, etc.
B	3 Widowed 4 Divorced		, DATED	I I IES	ZA Mico Specify.		Speci	White
COMPLETED	15. DECEDENT'S EDUCA		16a, DECEDENT'S US	UAL OCCUPATION	DN .	18b. KIND OF BUSIN	FSS/INDLISTEY	
E	(Specify only highest grade co		(Give kind of work life. Do NOT use n	done during mo				
7	1.1	College (1-4 or 5+)	House	ri fo		Home I	Maker	
N	17. FATHER'S NAME (First, Middle, Last)		nouse	wile				
		.J				(First, Middle, Malden Su	rname)	
BE	Albert F. Sheppar	α				Litsinger		
٩	19a, INFORMANT'S NAME (Type/Print)					te Number, City or Town,		
	Chester W. Lit	chfield	3332	Main S	St., Man	chester,	Md. 2]	102
	20a. METHOD OF DISPOSITION 1 ☐ Burial 2 ☑ Cremation 3 ☐ Remove		10b. PLACE AND DATE OF		me of	DATE 20c. LOCA	TION — City or To	vn, State
	4 Donation 5 Other (Specify)		Carroll		ion 1	1/26 Herm	ostead.	MD.21074
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSER ZI	1		D ADDRESS OF FACIL		uneral	
	▶ P L	11-11		024 6	Main Ch			
	1. Jeany 1	eakling	all.			reet, Hamp		Ma. 210/4
- 1	23. PART I. Enter the diseases, or con shock, or heart fallure. Use	mplications that saus	sed the death. Do not	enter the mo	de of dying, such a	is cardiac or respire	tory arrest,	Approximate
- 1	IMMEDIATE CAUSE (Final	N. T. S. S. S. S. S. S. S. S. S. S. S. S. S.			1 0	A .	1	interval Between Onset and Death
- 1	disease or condition	C0 170	bout 1	lanu	My a	caden	*	Land
	resulting in death) a.	DUE TO (OR A	S A CONSEQUENCE OF:					THAT
-	_		11					j 1
CERTIFICATION	Sequentially list conditions, b.	DUE TO (OR A	S A CONSEQUENCE OF):					
AT	If any, leading to immediate cause. Enter UNDERLYING		,					i I
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF):					<u> </u>
E	resulting in death) LAST	130-111-110-11						i I
8	d.							
	PART II. Other significant conditions	contributing to death	but not resulting in t	he underlying	cause given in Pa	rt I. 24s. WAS AN AU	TTOPSY 24b.	WERE AUTOPSY FINDINGS
EDICAL	multisal	In 11	net 1)	0-440	entin	PERFORM	ED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
	-	prop w	1 1	~ y C	To ca	1 YES 2 6	10	OF DEATH?
Σ		U				-:		1 TES 2 NO
ž l								
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Check	only one)		
S		☐ Inpetient 2 ☐ ER/O		THER: Nursing Hom	5 - Residence 8	Other (Specify)		
ξI	27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. TIME O	F 28c, INJ	URY AT 21	Id. DESCRIBE HOW INJ	URY OCCURED	
	1 Natural 5 Pending	(Month, Day, Yea) INJUR		PES 2 NO			
B	2 Delete	28e. PLACE OF INJU	RY At home, farm, stre-	et, factory, office	21	Bf. LOCATION (Street and	Mumber or Dural D	nide Number
	4 Homicide determined	building, etc. (S	pecify)			City or Town, State)	Trumbur or Florer Fr	oute Marines,
Ш	290. CERTIFIER							
린	(Check only							
COMPLETED	2 MEDICAL EXAMINER:	On the basis of examina	tion and/or investigation, i	n my opinion, d	eath occured at the tim	e, date and place, and o	due to the cause(s)	and manner as stated,
	29b. SIGNATURE AND JITLE OF CERTIFIER				29c. LICENSE NUMBE	n 2	ed. DATE SIGNED	
		1						(Month /Day Year)
BE	Well From	MD			DOZZ	86	► 11 / 2	(Month, Day, Year) 3 GZ
TO B		MD COMPLETED CAUSE OF	DEATH (ITEM 27) (Time De	nt)	D023	86	► 11/2.	3/93
		COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	"v 5 +	DO 23	86 Jack	> 11/2	3193 1100
	30, NAME AND ADDRESS OF PERSON WHO O	D 32	23 MAI	"v st	DO 23 M A	86 W Ch	> 11/2	Md21102
		D 32	DEATH (ITEM 27) (Type, Pri 23 MAI	v st	DO 23 M A	86 N Ch	► 11/2 ester	M d 21/02

R Pages 1, 2, 3 should

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FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		C	EKIIFI	CALE	OF	DEATH		REG. NO.		
10	1. DECEDENT'S NAME (First, Middle, Last)	HELEN	E.	LI	LLEY			2. DATE O MONTH NOVE	MBER 18	3,1993	3. TIME OF DEATH 6:10 A M
8	4. SOCIAL SECURITY NUMBER 221-50-6314		6. AGE (In yrs. Ies 94	t birthday) YRS.	IF UNDER 1	YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF		8. BIRT Coun	HPLACE (State or Foreign
	Sa. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY,	TOWN O	R LOCATION OF DI			COUNTY OF	
DIRECTOR	HERON POINT HE		WING			C.	HESTERTO	WN		KE	ENT
E E	10e. STATE 10b. COUNTY				, TOWN OF						10d. INSIDE CITY LIMITS?
	MARYLAND KET	VT			CHEST						1 X YES 2 NO
FUNERAL	ROOM 2014 HERON	POINT					ZIP CODE 21620		104	. CITIZEN OF	WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 TH	NO	11	yes, spe	ENDENT OF HISPAI ecify Cuben, Mexica 2 NO Specif	in, Puerto Ric	(Specify Yee or N en, etc.)		E — American Indian, ck, White, etc.
입	15. DECEDENT'S EDUC (Specify only highest grade	ATION	16a. DE	CEDENT'S	USUAL OCC	CUPATIO	N	16b. K	IND OF BUSINES	S/INDUSTRY	WILLE
5	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT us	ork done du e retired.)	iring mos	at of working				
<u>ē</u>		1		HON	1EMAK	ER			HO	ME	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S NA	ME (First, Mic			
BE	JAMES MCNEIL	TEMPLIN				- 1	ELIZ	ABETH	KENNED	Y	
	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS ((Street e	nd Number or Rural	Route Number	City or Town, Sta	ite, Zip Code)	
2	MRS. HELEN MUNGER	?		33 WA	ARDEL	LA	VENUE, R	UMSON	. N.J.	07760	
	20s. METHOD OF DISPOSITION	rouge was	20b, PLACE	ANDDATEO	F DISPOSIT	ION /Nei	ne of	DATE	20c. LOCATIO	ON — City or To	own, State
	1 The Buriel 2 Cremation 3 Remo	rval from State	RIVER	VIEW"	CEME	TER	Y NOVEMB	ER 22	.93 WIT	MINGTO	N DE
	21. SIGNATURE OF PUNERAL SERVICE LIC	ENSEE	,		22. N	AME AN	D ADDRESS OF FA	CILITY			IV, DII.
1	Agric B.	2001			F	ELL	OWS-WELL	S FUN	ERAL HO	ME	
	23. PART I. Enter the diseeses, or c	omplications that	couped the de	oth Do n	4	13]	TIGH ST.	CHES	TERTOWN	MD.	
	anock), pr neart failure. I IMMEDIATE CAUSE (Finel	lat only one ceus	e on each line							ry srrest,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	. CONGO	OR AS A CONSE	DUENCE OF	HEA	RT	FAII	LURI	3		5 years
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSE	DUENCE OF):						
¥	cause. Enter UNDERLYING										Ì
트	CAUSE (Disease or Injury that initiated events	DUE TO (C	OR AS A CONSE	DUENCE OF):						
토	resulting in death) LAST										
		•									
EDICAL	PART II. Other significent conditions	contributing to d	eeth but not r	esulting i	n the und	erlying	cause given in	Part I. 2	4a. WAS AN AUTO PERFORMED	PSY 24t	AWAILABLE PRIOR TO
음	CHRONIC AT	TUME!	FIBRIC	LAY	101			_ 1	TYES 2 X		COMPLETION DF CAUSE DF DEATH?
ME	RENAL INSU	PEICIEN	CY								1 TYES 2 NO
	DEMENTIA										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DEATH (Ch	eck only one)			
Š	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	ng Home	5 Residence	6 🗆 Other (S	Specify)		
=	27. MANNER OF DEATH	28a. DATE OF IN (Month, Day,		28b. TIME		8c. INJU	IRY AT	28d. DESCI	RIBE HOW INJUR	Y OCCUREO	
BY	1 Natural 5 Pending Investigation				М		ES 2 NO				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF building, et	INJURY — At ho	me, farm, st	treet, factor	y, office			ON (Street and Ni Yown, State)	umber or Rural	Route Number,
COMPLETED	4 Nomicide Octormined							- 1			
P	(Check only 1 X CERTIFYING PHYSIC	IAN: To the best of m	y knowledge, de	ath occurre	d at the tim	e, date	end place, end due	10 the cause	(s) end menner e	e stated.	
8	One) 2 MEDICAL EXAMINER										e) end menner as stated.
EC	29b. SIGNAȚURE AND TITLE OF CERTIFIER	1 1 0					29c. LICENSE NUR				(Month, Day, Year)
m	18th AM	wh.	M	1		- 1	D415	87	200	JAIC SIGNEL	8-93
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE	OF OEATH (ITE	M 27) (Type	Print)		7113	0/		11-1	0-10
	122 SPEAR RD. C										
0	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	S SIGNATURE								
	DEC 1 0 1993	Julia Davide	- Alende	er.							

BALTIMORE, MARYL	The last considere that the dead has accepted to accepted within of here a dead from the contract to
	100
VITAL RECORDS, P.O. BOX 68760,	artificate he assessed saidships
ADS, P.	4 the doub of
RECO	. canifran cho
VITAL	this The least
5	SIA ALL

2		1 - STATE REGISTRAR					F HEALTH		IENTAL HYGIEN REG. NO		3 (36100
	- 0	1. DECEDENT'S NAME (First, Middle, Las GLENN PAUL McCLA						- 1	November	AY Y	EAR	YME OF BEATH :55 p. M
		4. SOCIAL SECURITY NUMBER		6. AGE (In yrs.	lest birthdey)	IF UNDER 1 Y	EAR IF UNDER	$\overline{}$	7. DATE OF BIRTH (Month, Day, Year)			NCE (State or Foreign
^	N.	219-12-2086 9e. FACILITY NAME (If not institution, giv	13 M 2 F	71	YRS.				July 13,1		ennsy	ylvania
7	E C	310 Vale Street	r street and number)				wn on Locati gerstor		тн	9c. COUNTY	ingto	
(1)	DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COU	VTY		100 00	Y, TOWN OR I		W 11		wasii		d. INSIDE CITY
2	DIR	Maryland Wash	nington			agerst						LIMITS? YES 2 NO
t permit.	RAL	10e. STREET AND NUMBER					101. ZIP COD					T COUNTRY?
020 physician. burial-fransit p	FUNERAL	310 Vale Street 11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S.	ARMED	13. WA		740 DE NISPANIO	C ORIGIN? (Specify Ye		USA	American Indian,
	BY	1 Never Married 2 Married 3 Divorced	FORCES7 18 IF YES, GIVE WAI 1947	YES 2		If ye		an, Mexican,	, Puerto Rican, etc.)		Specify: White	hite, etc.
21215 of or attend for use as	ETED.	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)			(Give kind of ite. Do NOT u	se retired.)	ng most of world	ing	166. KIND OF BU	SINESS/INDUS	TRY	
the hospital or detached for u	COMPL	8 17. FATHER'S NAME (First, Middle, Lest) David Z. McClana	0		truc	k driv	16. MOT		E (First, Middle, Maiden			
NRYL, ned by th ould be d	BE	19a. INFORMANT'S NAME (Type/Print)	ı Lilalı	T	10h MAII IN/	ADDRESS /S			ae Tosten		- 4-1	
RE, MAR may be retained m, page 5 should st be notified	임	Lenora V. McClar	nathan						rstown, M			740
7 10 2 2		20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b.PLAC	EAND DATE	of Disposition (Interplace)	N(Name of orial)	Park	1	CATION - Ch		State Maryland
death. Page (death. Page (funeral direction)		21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1	_		NICH F			ageror	Own,	Haryrana
BALT ter death. F the funeral oval.		Call	Men	nee	R					_		Md. 21740
B 124 hours after y filled in by the stron, or removal the medical		23. PART I. Enter the diseases, p shock, or heart fallun IMMEDIATE CAUSE (Final disease or condition	e. List Dnly Dne ceus	e DN eech III	ne.					iratory srres	<u>.</u>	Approximate Interval Between Onset and Death
executed within 24 and completely fills to burial, cremation.		resulting in death)	s. Stages	OR AS A CONS	Uamous EQUENCE O	ell G	arcinoma	of ri	ght lung			2 years
or 1	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (C	OR AS A CONS	EOUENCE O	F):						
certificat nding phy Hygiene p	CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	OUE TO (C	OR AS A CONS	EQUENCE O	F):						
0 4 Z 4		PART II. Other significant conditi	ons contributing to d	leath but not	t resulting	In the unde	tylng cause	given in P	Part I. 24a. WAS AN	AUTOPSY	24b. WE	RE AUTOPSY FINDINGS
Z a D E	MEDICAL	Hemophilus Influe							PERFO	77	OF OF	MPLETION OF CAUSE DEATH?
law req as been Dept. of 23 sho		- 6									,,	YES 2 NO
N: The law icate has I State Dept	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	6. PLACE OF D					
NG PHYSICIAL feer this certificate with the marked, or	PHY	27. MANNER OF DEATH 1 🔀 Netural 5 🗌 Pending	1 Inpatient 2 I	NJURY	28b. TIN	E OF 28	Home 5 A Re : INJURY AT WORK? YES 2	1	Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUP	ED	
TTENDI TTENDI TTOR: A affer de	ETED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28a PLACE OF	INJURY — At Ic. (Specify)	home, farm,			_	281. LOCATION (Street City or Town, State)	and Number or	Rural Route	Number,
로 그는 트	COMPLE		/SICIAN: To the best of m									d manner se stated.
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT: If	BE	296 SIGNATURE AND TITLE OF CERTIF		Har	_		29c. LIC	ENSE NUMB	DER	29d. DATE S	IGNED (Mor	onth, Day, Year)
₽₽#.	2	30. NAME AND ADDRESS OF PERSON V	VHO COMPLETED CAUSE	OF DEATN (IT	EM 27) (Type	, Print)	1 0	0106			/ 19	/ 93
		Edward W. Ditto, II		17 W. Wa		on ST.	Hager	stown,	MD. 2174	0		
		31. DATE FILED (Month, Day, Year)	32, REGISTRAR									

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1			permit.
	20	ter death. Page 6 may be retained by the hospital or attending physician	the funeral director, page 5 should be detached for use as the burial-transmement
	BALTIMORE, MARYLAND 21215-0020	d Guipus	as the b
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	PHYSICIAN	this certifi	with the	rked, or
	TENDING	DR: After	fter death	8 Is ma
	AL DR AT	AL DIRECT	2 hours a	If Item 2
	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within clours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

											EG. 110.			
	1. DECEDENT'S NAME (First	t, Middle, Last)	E N	LOAT.	5					2. DATE OF E	HTABO		93	12.54 PM
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER		IF UNDE	7	7. DATE OF B (Month, De			8. BIRTHPL Country)	ACE (State or Foreign
	218 30 9	383 A	1 □ M 2 💢 KF	85	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept 10		3		Co, PA
	9a. FACILITY NAME (If not h	nstitution, give s	treet and number)			9b. CITY,	TOWN (R LOCAT	ON OF DE				NTY OF DEA	
5	Washington		Hospital			Ha	ager:	stown	, MD			1	Washing	ton Co.
5	RESIDENCE OF DE	10b. COUNT	v		ton CIT	Y, TOWN OI		104						
DIRECTOR	PA		Franklin											d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER		I dilkIIII	_	ure	encas		ZIP COD	E			10- CITI		T COUNTRY?
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žΙ	11. MARITAL STATUS	01 3001 9	12. WAS DECEDENT		_	13. W	AS DEC			HC ORIGIN? (S	pecify Yes o	or No		American Indian.
	1 Never Married 2		FORCES? 1 IF YES, GIVE W		NO	H	yes, sp	ecify Cubi	n, Mexica Specify	n, Puerto Rican	, etc.)		Black, V Specify:	Thite, etc.
	3 Widowed 4 Div	orced						- W	opoon				орвону.	White
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3	17. FATHER'S NAME (First, A	Aiddle, Lest)								ME (First, Middle	e, Meiden S	umame)		
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2	Mrs. Wilma		,							Route Number, C			_	
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	* Shut	10)	Nay			Mir	nnich	-Mill	ler-Ma	y Funer	al Hom			Ashington St, tle. PA
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	esrt failure.	List only one causes.	tiops	lmon	ary	1	me	+	n aa cardiac	or reapire	story arr	• • • • • • • • • • • • • • • • • • • •	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated events resulting in death) LAS	diats ING ury	c	OR AS A CONS		F):								
MEDICAL	PART II. Other signification	domet	111	death but no		in the und	derlyin	g cause	given in		WAS AN A PERFORM	ED?	CO	ERE AUTOPSY PINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
PHTSICIAN	25. WAS CASE REFERRED 1	TO MEDICAL	[26. PI	ACE OF D	DEATH (Ch	eck only one)		_		
200	EXAMINER?		HOSPITAL:	ER/Outpatient	3 DOA	OTHER	:			8 Other (Sp	ecity)			
	27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIE		JURY OC	CURED	
		Pending Investigation	(Month, De	ly, Year)	INJ	M		PRK?	□ NO					
	2 Accident 3 Suicide 8	Could not be	28e. PLACE Of	INJURY - At	home, ferm,	street, facto	ry, offic	•		281. LOCATIO	N (Street en	d Number	or Rural Rou	le Number,
Ú	4 Homicide	determined	ounding,	etc. (Specify)						City or 10	wn, State)			
COMPLEIED	anal city		ICIAN: To the best of											
5	-		ER: On the beele of ex	amination end/	or investigation	in my of	olnion, d	leath occu	red at the	time, date and	place, end	due to th	e ceuse(e) s	nd manner ee stated.
200	SHEEDWATURE AND TITLE	LUN	7	Lith	_			290. LIC	ENSE MUI	3541		29d. DAT	1/18/	93
	30. NAME AND ADDRESS O	F PERSON WH	The second second	354	TEM 27) (7/200	Paging C	+.	1	+6-7	NA	M	2	1740	5
	31. DATE FILED (Month, Day,		32. REGISTRA	R'S SIGNATURE	0				, – ,	, ,			, ,	
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BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OF TO THE FUNERAL DE filed within 72 ho

use as the burlaf-transit after death. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for once. Ħ notified pe must examiner filled in by the figure, or removal. the medical cremation, and completely fin burial, cremation executed within traumatic event, ending physician an Hygiene prior to b HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be other een signed by the attending of Health and Mental Hygier 10 injury, shows any s certificate has been slith the State Dept. of He with t marked, DIRECTOR: After the hours after death w

BOX 13146,

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OF VITAL RECORDS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO Jane MOATS 1. DECEDENT'S NAME (First, Midd 2. DATE OF DEATN S 11 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. RTHPLACE (S 214-28-DAYS HOURS MIN 1 🗆 M 2 🏋 F Maryland 07 90. FACILITY NAME (If not i 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Western Maryland Center MD 21742 Hagerstown, Washington RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Washington Maryland Hagerstown 1 K YES 2 NO 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 743 Maryland Avenue 21740 USA 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuben, Mexicen, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: 3 Widowed 4 Divorced white 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only higher (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) small parts assembler 11 0 aircraft 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Nikolas Shimp Clara Mijanovich 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ACCRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 743 Maryland Ave., Hagerstown, Maryland 21740 Edgar L. Moats METHOD OF DISPOSITION
Buriel 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Cedar Lawn Memorial Park Hagerstown, Md. 4 Donetion 5 Other (Specify) 11-24 21. SIGNATURE OF FUNERAL SERVICE LICENSEE MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory street, Approximete ahock, or heart fallure. List only one ceuse on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition 1 week resulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury QUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS 24a, WAS AN AUTOPSY arter disease MAILABLE PRIOR TO Myo Cardia COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA OTHER: 1 TES Z NO 4 - Nursing Home 6 - Residence 6 - Other (Specify) 28c. INJURY AT N/A 27. MANNER OF DEATH 26s. DATE OF INJURY 28b. TIME OF 28d. DESCRIBE NOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigati NIA AM N/A 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, 3 Suicide 6 Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER: On the base of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER D34165 29d. DATE SIGNED (Month, Day, Year) ►11-22-1993 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1/100, Print) SYLVAMIA MOHAMMED S-AL) WESTERN MARYLAND

21742

Hagerstown

AVE

Hospital

MARYLAND

GISTRAR'S SIGNATURE

(1)	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within shours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the funeral director, page 5 should be detached to the same of the funeral page.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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e. FACILITY NAME (If not institution, give				9b. CITY		R LOCATION OF			9c. COU	NTY OF D		
FREDERICK MEMORI	IAL HOSPI	TAL			FF	REDERIC	K			FRED	ERICK	
0e. STATE 10b. COUNT	Υ		10c. CITY	Y, TOWN (OR LOCAT	TION					10d. INSIDE	CITY
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00. STREET AND NUMBER 19132 KEEP TRYST	POAD.				101.	2175	R			S.A.	HAT COUNT	RY?
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Never Married 2 Married	FORCES? 1					ecify Cuben, Mei 2 X NO Sp		Rican, etc.)		Special Specia	y:	
Widowed 4 Divorced		l se									WHI	TE
15. DECEDENT'S EDU (Specify only highest grade	e completed)		(Give kind of w life. Do NOT us	vork done	during mo:	ON st of working	10	Bb. KIND OF	BUSINESS/INC	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)			PERAT	INR			REST	AURA	NT	
7. FATNER'S NAME (First, Middle, Last)			OWN	II OI	LII (1)	18. MOTHER'S	NAME (First	, Middle, Maic		.11014	212	-
CARSON RAE POTT	ER					MAUD	E PHI	LLIPS				
9a. INFORMANT'S NAME (Type/Print)			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			nd Number or Ru				Code)		
ELWOOD A. MARTIN			-			, KNOXV				2175		
be. METHOD OF DISPOSITION Buriel 2 Cremellon 3 Rem	noval from State		ACE AND DATE O			CEMETE			LOCATION —			MID
☐ Donation 5 ☐ Other (Specify)	CENSES	BRO	MN2ATTT			D AODRESS OF				-		
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100 m	V	1	1
BALTIMORE, MARYLAND 21215-0020	nours after death, Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transfor removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the year form of the form of the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MARY	CERTIFIC			ENTAL HYGIENE REG. NO.	93	36104	
1 8	1. DECEDENT'S NAME (First, Middle, Last) Pearl May MELIUS		940.5		NOV. 23, 19	993 YEAR	3. TIME OF DEATH	
2000		77 YRS. M	F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) Dec. 30, 191	915 8. BIRTHPLACE (State or Forely Country) Maryland 9c. COUNTY OF DEATH		
TOR	Washington County Hospital			rstown		ngton		
DIRECTOR	Maryland Washington		TOWN OR LOCAT	n		100		
FUNERAL	545 N. Locust Street		101.	21740	10		F WHAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, spe	ENDENT OF HISPANIC city Cuban, Mexican, I ZZINO Specify:	ORIGIN? (Specify Yes or Puerto Rican, etc.)	Yes or No. 14. RACE - American Indian,		
COMPLETED	15. OECEDENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of work life. Do NOT use if	k done during mos		16b. KIND OF BUSINE	SS/INDUSTRY		
MPL	8 0	housev	wife					
8	17. FATHER'S NAME (First, Middle, Lest)	**			(First, Middle, Maiden Surr	name)		
BE	Walter Davis 190. INFORMANT'S NAME (Type/Print)				usherman			
2	Norman B. Melius, Sr.				te Number, City or Town, S		7/0	
		20b. PLACE AND DATE OF			gerstown, N	IQ . ZI		
	1 🙀 Buriel 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify)	Rest Haver	r place) Cemet				n, Maryland	
ı	21, SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME AN	D ADDRESS OF FACIL	ITY	LUCUM	i, naryrand	
	1 X X M	10000-16	N	CH FUNERAL		1	n, Md. 21740	
		or Cercle s a consequence of:	100 CON	ulce ac	cident		Interval Between Onset and Death	
CERTIFICATION	r any, leading to immediste cause. Enter UNDERLYING CAUSE (Disease or Injury	S A CONSEQUENCE OF):						
¥	PART II. Other aignificant conditions contributing to death	but not resulting in ICUAT CUSCO	the underlying	ceuse given in Pa	PERFORMEI	07	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDIC	25. WAS CASE RE EMPLEY TO MEDICAL EXAMINER?	4	26. PL	ACE OF DEATH (Check	only one)		1 YES 2 NO	
Si	1 YES 2 100 1 I Inpetient 2 ER/O		OTHER:	5 Residence 6	Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		WO!	IRY AT 2	8d. DESCRIBE HOW INJU	RY OCCURED		
		IRY — At home, farm, stre (pecify)	eet, factory, office	2	at. LOCATION (Street end : City or Town, Stete)	Number or Run	al Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the baste of examina						e(e) end manner as stated.	
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER RAGIO	. 440		29c. EICENSE NUMBE	66 1	DATE SIGN	ED (Month, Day Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF A ROCK OF THE CONTROL OF T	11110	medica	1 Campu	SRd ./107	7W A	lag.ml. 21740	

	1. DECEDENT'S NAME (First, Middle, Let	st)		ATE OF DEATH		OF DEATH DAY			TIME OF DEATN	
	Philip M	McMahon			11	19	93	EAR 11	:55AM	
	4. SOCIAL SECURITY NUMBER 214-76-2743	S. SEX 8. AGE	(Month	OF BIRTN I, Day, Year)	8.	BIRTHPLAC Country)	CE (State or Fore			
		M 2 □ F 34		4/59		Md				
Œ	Se. FACILITY NAME (If not institution, give		96.	CITY, TOWN OR LOCATION OF I	DEATN		9c. COUNTY			
210	Midland ball pa	rk		Midland			ALI	Legan	.у	
DIRECTOR	Maryland Alle	1 Å ves								
FUNERAL	Back Street #Bo	x 47		21542			10g. CITIZEN	N OF WHAT	USA	
BY	11. MARITAL STATUS 1. Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TO YES IF YES, GIVE WAR OR 11 1981	IN U.S. ARMED 3 2 NO DATES	13. WAS DECENDENT OF NISP, If yes, specify Cuben, Maxis 1 YES 2 NO Specify NO Specify No	cen, Puerto F	? (Specify Yea o	or No.— 14.	Black, Wh	American Indian Internation Indian In	
9	15. DECEDENT'S E (Specify only highest gro	DUCATION ade completed)	16a. DECEDENT'S USU (Give kind of work	done during most of working	16b.	KIND OF BUSI	NESS/INDUS	TRY		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 8+)	unemplo	ired.)		At Hor	me			
MO	17. FATHER'S NAME (First, Middle, Last)	0	- Caracin parc	18. MOTNER'S A	AME (First, A	Aiddle, Maiden S	umame)		_	
BE C	John P. Mc Ma	hon		Poroth	y Eli	zabet	h Me	yers	5	
TO B	190. INFORMANT'S NAME (Type/Print)	N 1		PRESS (Street and Number or Rura						
-	Dorothy E. Mc			, Back St.,				1542		
	28s METHOD OF DISPOSITION 1-0 Burlel 2 Cremation 3 R 4 Donation 6 Other (Specify)	emoval from State	b. PLACE AND DATE OF DI	sposition(Name of	1 2 3_C	20c. LOC	ATION - City	y or Town, 8	State	
- 13	Eichhorn-McKenzie Funeral Home									
		or complications that cause re. List only one cause on o	ed the death. Do not e	Lonaconing	, Md . 2	21539			Approximet	
HTIFICATION	23. PART I. Enter the disdates, a shock, or heert failur immediate or condition resulting in death) Sequentially list conditions, if erry, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Self infli a. Substitution of the substitutio	each line. Leted gunsh A CONSEQUENCE OF):	Lonaconing	, Md . 2	21539			Approximet	
AL CERTIFI	ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Self infli DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	each line. Loted gunsh A CONSEQUENCE OF): SSION A CONSEQUENCE OF): A CONSEQUENCE OF):	Lonaconing onter the mode of dying, au ot wound to h	, Md . 2	21539	atory arrest	24b. WER	Approximet	
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EDICAL CERTIFI	ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	Belf infli DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	each line. Loted gunsh A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the	Lonaconing Inter the mode of dying, au ot wound to h The underlying cause given in 28. PLACE OF DEATH (C. THER: Nursing Nome 5 Residence 28c. INJURY AT WORKY,	n Part I.	24a. WAS AN A PERFORM 1 YES 2	UTOPSY HED? JURY OCCUR	24b. WER AMAI COM OF E	Approximet interval Bat Onset and On	
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ED BY PHYSICIAN: MEDICAL CERTIFI	ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation 3 Suicide 6 Could not distermined 290. CERTIFIER (Check only) 1 CERTIFYING PN	Belf infli DUE TO (OR AS DUE T	Loted gunsh A CONSEQUENCE OF): SSION A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in the light of the light	Lonaconing Inter the mode of dying, au ot wound to h The mode of dying, au ot wound to h The mode of dying, au ot wound to h The mode of dying, au ot wound to h The mode of dying, au ot wound to h The mode of dying, au other mode of dying, a	n Part I. Check only on 28d. DES Self 28f. Loc. Ball. Des Self 28f. Lo	24a. WAS AN A PERFORM 1 YES 2 S or (Specify) CRIBE HOW IN. inflication (Street er Tayn, State) Park, ee(e) end menor	JURY OCCUR Cted & Midla	24b. WER AMAI COM OF E	RE AUTOPSY FINI ILLABLE PRIOR TO MPLETION OF CA DEATN? YES 2 NO Onc. WOU!	
BY PHYSICIAN: MEDICAL CERTIFI	ahock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending investigation 3 Suicide 6 Could not distermined 290. CERTIFIER (Check only) 1 CERTIFYING PN	Belf infli DUE TO (OR AS	toted gunsh A consequence of: Ssion A consequence of: A consequence of: A consequence of: A consequence of:	Lonaconing Inter the mode of dying, au ot wound to h the underlying cause given in 28. PLACE OF DEATH (C HER: Nursing Nome 5 Residence 28. INJURY AT WORK? 1 YES NO 1, factory, office the time, date and place, end do my opinion, death occured at th 29c. LICENSE NI D 09	n Part I. Check only on 28d. DES Self Coc. Ball Lue to the cause time, date	24e. WAS AN A PERFORM 1 YES 2 1 (Specify) CRIBE HOW IN. 111 fli ATION (Street enor Toy, State) 1 and place, and	JURY OCCUR Cted g Midla or as stated, due to the c.	24b. WER AMAI COM OF to 1 D	RE AUTOPSY FININABLE PRIOR TO MPLETION OF CA DEATH? VES 2 NO Of WOU Number, Id 2154 d menner se sta	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a Name and the death. Page 6 may be retained by the hospital or attending physician.	Theurs after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit Press. be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	lled in by the funeral director, page 5 should be detached for use as the burial-transit perm. Pro
IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	s medical examiner must be notified at once.

	1 - STATE REGISTRAR		CE	RTIF	ICATE	OF D	EAT	Ή		REG. NO	Ο.			
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH	DAY	MEAN	3. TIME OF D	EATH
	WILLIAM J. MU.	RPHY							NOV	7. 19	1993	YEAR 3	510	P, M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1	YEAR I	F UNDER :	24 HRS.	7. DATE	OF BIRTH		a. BIRT	HPLACE (State of	Foreign
- 6	232-01-1314	1 M 2 F	77	YRS.	MONTHS	DAYS H	OURS	MIN.	(Monti	Day, Year)	1916	Count	Md.	
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, T	OWN OR	LOCATIO	N OF DE				NTY OF I		-
DIRECTOR							npor					lleg		
EC	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR	LOCATION	N						10d. INSIDE C	TY
	Md Garrett Swanton							1 YES 2 NO						
FUNERAL	10e. STREET AND NUMBER						P CODE				10g. CIT		WHAT COUNTRY	n
W I	RFD 1 Box 205	T					2156					U		
ВХ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. ARN I YES 2 ANI MAR OR DATES	MED O	11)		fy Cuban	n, Mexica	n, Puerto	i? (Specify Y Rican, etc.)	ee or No	Blac	ck, White, atc.	
COMPLETED	15. DECEDENT'S EDI	JCATION	16a, DEC	EDENT'S	USUAL OCC	UPATION			16b	KIND OF B	USINESS/IN	DUSTRY		
E	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	- Ha	Do NOT u	work done du se retired.)	ring most o	or working	g						
7	Unknown			lesty	vaco E	Emplo	ovee		1	aper	Manu	fact	ure	
O	17. FATHER'S NAME (First, Middle, Last)									Middle, Maide				
	Thomas P. Murph	V					В	ride	get A	Cuf	f			
) BE	19e. INFORMANT'S NAME (Type/Print)	,	19b	MAILING	ADDRESS (Street and		_	_			p Code)		
5	Audrey Murphy		F	RFD :	1 Box	205	В,	Swar	nton	, Md.	2156	1		
	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremation 3 ☐ Rer	nound from State	20b. PLACE				lame		DAT	E 20c. l	OCATION -	City or T	lown, State	110
	4 Donation 5 Other (Specify)	TOVAT HOM State	of cemetary, St.	Pete	ers Ce	emete	ery	11-	-22-9	93 1	Veste	rnpo	rt, Md.	
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE				AME AND								
- //	· Wans	0 /50	7.1			oal I						. 14	.1	
	23. PART i. Enter the diseases, or	complications the	at caused the day	eth. Do							rnpor		Approx	rimete
	shock, or heart failure IMMEDIATE CAUSE (Final disease or condition	List only one can	use on aach Ilna.											i Between and Daath
	resulting in death)	a. Olie W	(00 40 4 00 UDEO	UENOE O	2	1-11-1	4 6	400		730	terapo			
	_	502 10	(Off AS A CONSEC	DENCE U	// /		Ω	Meu _						
CERTIFICATION	Sequentially list conditions,	b	OR AS A CONSEQUENCE OF AS	MENCE O	OF):	7	122	San					-	-
AT	If any, leading to immediate cause. Enter UNDERLYING	_												
F	CAUSE (Disesse or Injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE C	OF):									
H	resulting in death) LAST	d.												
C														
DICAL	PART II. Other significant condition	Zi Hen		_		lariying (csuse g	iven in	Part i.		ORMED?	24	b. WERE AUTOPS AVAILABLE PR	IOR TO
20	Meny	ac Hen	- Com							1 TYES	2 AO		OF DEATH?	OF CAUSE
ME									_				1 TYES 2	□ NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕТ:		CE OF D	EATH (Ch	eck only o	ne)				
YSI	1 TYES 2 NO		☐ ER/Outpatient 3	□ DOA	4 (Il Nursh		S 🗆 Re	sidence	6 🗆 Othe	er (Specify)				
PHYSICIAN	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE Of (Month, I	F INJURY Day, Year)	28b. Till IN	ME OF 2	WORK 1 YE	(?	□ NO	28d. DE	SCRIBE HOV	V INJURY O	CCURED		-76
ED BY	Accident Investigation Accident Investigation Accident	28e. PLACE (OF INJURY — At hor i, etc. (Specify)	me, farm,	street, factor	ry, office				CATION (Street or Town, Sta		or Rural	l Route Number,	
	29e. CERTIFIER	OLCHANI. To the book				4-4								
COMPLET	(Check only one) 1 CERTIFYING PHY CHAPTER 1 CERTIFYING PHY CERTIFYING PHY												(a) and manner	on eteted
8			examination endor i	114mmttBatt	ion, an my op	mnon, ues	itti occui	an at the	time, can	e and place,	end due to	the cedes	r(e) end melaler	as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFI	ER .				1	29c. LICE	ENSE NUI	MBER		29d. DA	TE SIGNE	ED (Month, Day, Y	bar)
5	DO NAME AND ADDRESS	NO CONTRACTOR	IOC OF THE				ار لا	112	44			(1)2	3153	
-	30. NAME AND ADDRESS OF PERSON W	HU COMPLETED CAL	SE OF DEATH (ITE	u zi) (Typ	e, Print)			2	11.		_			ms.
	31. DATE FILED (Midnin) Doy Nogh) TO	32. 100	APT NO SUPER	1-1	105/1	3416	Co	PL	11/2/	7	LROS	57B	an6	ma,

	a management seems and a see as								
- 1	1. DECEDENT'S NAME (First, Middle, Last) MARGARET M MCMORRAN 2. DATE OF DEATH MONTH 11- 21- 93								3. TIME OF DEATH 3 3:50 PM
	4. SOCIAL SECURITY NUMBER	6. AGE (In yrs. la:	st birthday) III	UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF BIRTH		BIRTNPLACE (State or Foreign	
	213-10-9690	1 🗆 M 2🏋 F	94		NTHS DAYS		May 1,18	9	Great Britain
	Se. FACILITY NAME (If not institution, gh			91		N OR LOCATION OF		9c. COUNT	Y OF DEATH
DIRECTOR	Frostburg Hos				Fros	tburg		Alle	gany
EC	RESIDENCE OF DECEDENT 10e. STATE 10b. COU			10c. CITY, TOWN OR LOCATION					10d. INSIDE CITY
F	Md.	llegany		Fr	ostbu	rg			1 XYES 2 NO
ME	100. STREET AND NUMBER					101. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?
FUNERAL	46 Ormond S					21532			S.A.
à l	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WI	YES 2	AO BWED	If yes,	ecendent of Hist specify Cuben, Max ES 2 NO Spe	ANIC ORIGIN? (Specify Ye cen, Puerto Rican, etc.) city:	s or No— 1	4. RACE — American Indian, Black, White, etc. Specify: While:
	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DE	CEDENT'S US	UAL OCCUPA	ITION most of working	16b. KIND OF BU	ISINESS/INDU	STRY
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S	Matthew Evan	S					AME (First, Middle, Meider aboth Lloye		
00	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (Street		al Route Number, City or To		ode)
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	20 METHOD OF DISPOSITION 1 Burial 2 Cremation 3 R	emoval from State		AND DATE OF			DATE 20c. LC	OCATION - CI	ty or Town, State
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	21. SIGNATURE OF FUNERAL SERVICE	. Hor	_			and address of	ral Home, I	rostbi	irg, Md.
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of Health and Me hows any Injur MEDICAL	PART II. Other significent conditions of the significant conditions of the significant condition	ione contributing to	death but not of the state of t	resulting in the second	the anderly	ing ceuse given	n Part I. 24s. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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BALTIMORE, MARYLAND 21215-0020

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11. MARITAL STATUS

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Flours after death. Page 6	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directs	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mu

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH								MENTAL H	
ALBERT	irst, Middle, Last)	Е	MILL	ER					2. DATE OF E MONTH 11	
220–10–88		5. SEX 1 XM 2 F	6. AGE (In yrs. last birthday) 76 YRS.			1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		7. DATE OF E (Month, Da	
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12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO

36108 93 YGIENE EG. NO. DEATN 3. TIME OF DEATH YEAR 23 93 2330 PM MRTN 8. BIRTNPLACE (State or Foreign Mal. 9 9c. COUNTY OF DEATH ALLEGANY 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. Specify: White Post Office 20c. LOCATION - City or Town, State Frostburg, Md. Approximata Interval Between **Onset and Death** 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 | NO OF DEATH? 1 ☐ YES 2 ☐ NO

FORCES? 1 YES 2 NO BY 1 YES 2 T NO Specify 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) 12 Letter Carrier 17. FATHER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Meiden Sumame) Wesley Miller Sally Hansel BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Flural Route Number, City or Town, State, Zip Code) 2 Virginia Miller 126 Hill St., Frostburg, Md. 21532 20 METNOD OF DISPOSITION
1 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE restburg Memorial Park 11/27 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Durst Funeral Home, Frostburg, Md. 23. PAST I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO IGH AS A CONSEQUENCE OF: CARCINOMA OF the hung with BRAIN metastasis CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART il. Other aignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL DrellmoniTis-ARTERIOSCIERATIC HEART DISEASE CARDIAC PHYSICIAN: ARRYT 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 W Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner se stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, deeth occured at the time, date and place, and due to the cause(s) and menner se stated. 29b. SIGNATURE AND TITLE OF-CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIONED (Month, Day, BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HANG FROSBURG 2+36 REGISTRAR'S SIGNATURE

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 93 HELEN BERRIMAN MUNSON 19 6:15 AM m 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIFTH B. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. 70 216-74-4913 1 M 2 XF YRS. England 10 05 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWH OR LOCATION OF DEATH 9c. COUNTY OF DEATH ALLEGANY DIRECTOR SACRED HEART HOSPITAL **CUMBERLAND** RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allegany Md Lonaconing 1 X YES 2 NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 21539 10g. CITIZEN OF WHAT COUNTRY? Jackson St. USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 10 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or NoIf yes, specify Caben, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY White 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high dary (0-12) Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edward T. Perkin Mary E. Murrish BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Star Rt. Box13 A, Frostburg, Md. Helen Kay Donnelly View Cemetery Nov. 22, 1993 Mascaw Mills, Md 20g. METHOD OF DISPOSITION
1 D Burtal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22, NAME AND ADDRESS OF FACILITY Eichhorn-McKenzie Funeral Home Ree Lonaconing, Md. 21539 23. PART J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition FAILURE ROSPIRA TORY resulting in death) DUE TO (OF AS A CONSEQUENCE OF): CHRONIC OBSTRUCTIVE LUNG DISEAST LURRE CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO PHYSICIAN: MEDICAL HEART DISEASE WITH ARTERIOSCIEROTIC COMPLETION OF CAUSE 1 TYES 2 NO CONGESTIVE HEART FAILURE 1 TES 2 NO ORganie NOROMF 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 5 | Other (Specify) 1 TES 2 DINO patient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 20b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 8 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER

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2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end piece, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0256 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) HANDS FROSTBURG DHMH-16 Rev 1/89

31. DATE FILED (Month, Day, Year)

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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	AND / DEPART CERTIFIC	MENT OF H	IEALTH AND DEATH	MENTAL HYGIEN REG. NO		36110		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	AY	3. TIME OF DEATH		
		SEX S. AGE	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	11-2	5- 5.	3 3,00 /2		
		?. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)						
	98. FACILITY NAME (If not institution, give stree		6 YRS.		OR LOCATION OF D	07-27-1		Maryland		
DIRECTOR	William Hill Heal		chester							
E E	10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TON			10d. INSIDE CITY		
	Maryland Tal	bot	Tra	appe				LIMITS?		
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?		
ER	Route 1 Box 345				2167	3		USA		
5		. WAS DECEDENT EVER IN	U.S. ARMED	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yes	or No- 1	I. RACE American Indian, Black, White, etc.		
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	Jacob Fleckenst	oin				AME (First, Middle, Maiden				
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0						Route Number, City or Yow				
	Mary E. Frampton 5635 Bar Neck Rd. Cambridge, Md. 21613									
	1 N Buriel 2 Cremetion 3 Removal	from State 20b.	place and date of tery, crematory or other Peter	DISPOSITION (Na er place)	me ol	11+20 Cum	CATION — CH	nd, Maryland		
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	(4)	. 1	1	Leasi	ire-Ste	in, Inc.	230 B	Saltimore Av		
	Ernest C	/	.171.			Md. 2150				
	23. PART I. Enter the diseases, or com- shock, pr haert fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	only ona cause on es	tha desth. Do not ch line.				ratory srrea	Approximata Interval Between Onset and Death		
RTIFICATION	Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE OF):							
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PRIDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO									
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	000174			ACE OF DEATH (C)	reck only one)				
Si		OSPITAL: Inpetient 2 ER/Outpat		THER: Nursing Home	5 - Residence	6 Other (Specify)				
E	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C		JRY AT	28d. DESCRIBE HOW II	NJURY OCCUP	RED		
BY	1 Netural 5 Pending Investigation		100000		ES 2 NO					
	3 Suicide s Could not be	28s. PLACE OF INJURY - building, etc. (Specif	- At home, farm, stre	et, factory, office		261. LOCATION (Street a City or Town, State)	nd Number or	Rural Route Number,		
COMPLETED	4 Homicide determined									
PL	29a. CERTIFIER (Check only	: To the best of my knowle	dge, death occurred a	at the time, data	and place, and due	to the cause(s) and men	ner as stated.			
NO								ause(s) and manner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c, LICENSE NUI			IGNED (Month, Day, Year)		
BE	Jun 1/16	1	1		0-7	8204	D //	130/87		
2	25 NAME AND ADDRESS OF THE STON WHO OF					-9 2		4) / /)		

196. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER D - 28209	29d. DATE SIGNED (Month, Day, Year)
Edmund J Mac Laught 1 10 Se	rora of Camb	-: da 19 /2 s W3
DATE Ell ED (Month Day Your) 20 DECISTABLE CIONATURE		

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	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in yrs. i	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN. (M.	TE OF BI	Year)		Country)	ACE (State or Foreign
	90. FACILITY NAME (If not institution, g.		87		9b. CITY,	TOWN C	OR LOCATIO	ON OF DEATH	aug.	13,19	COUNTY		PA.
TOR	Memorial Hospit	tal			Cum	nber	land				A1	llega	eny
DIRECTOR		unty 11egany			Y, TOWN OF							10	LIMITS? X
FUNERAL	RT. # 1 Box 2	25 A"					21530			104	US.		AT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	EVER IN U.S. A YES 2 AR OR DATES	NO	11	f yes, sp		F HISPANIC ORI I, Mexican, Puer Specify:			14.	Black, V Specify:	American Indian, white, etc.	
COMPLETED	15. DECEDENT'S (Specify only highest g	rade completed)	- 5	DECEDENT'S (Give kind of vite. Do NOT us	work done d			9	I6b. KIND	OF BUSINES	SS/INDUS	TRY	
MPLI	Elementary/Secondary (0-12)	College (1-4 or 5+)		Homema	aker				Ov	n Hom	e	151	
	17. FATHER'S NAME (First, Middle, Last) Conda Ash							er's name (Fig.			ame)		9.23
TO BE	190. INFORMANT'S NAME (Type/Print) Shirley A. Lac	су	ı F	RT. #	ADDRESS 1 Box	(Street e	nd Number 5 Fli	or Aural Aouto N ntstone	umber, Ch	y or Town, Sta	1530	ode)	
	20s-METHOD OF DISPOSITION 1 Bentel 2 Cremation 3 F	Removal from State		E AND DATE or crematory or o		ITION (Ne	ame of			20c. LOCATIO			
- 1	4 Donation 5 Other (Specify)		MT. Z	Zion C	emet			11/28	3/93	Chane	eysv.	ille	, PA.
	► William	I KM	1					S OF FACILITY					
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition											טני. בוטני	
	iMMEDIATE CAUSE (Final disease or condition	or complications that ire. List only one ceus	caused the dise on each lin	death. Do r									Approximate Interval Batte Onset and D
NC	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. September 10 (OR AS A CONS	EOUENCE OF	not enter								Approximate Interval Bate Onset and I
ATION	anock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. September 10 (se on each ilir	EOUENCE OF	not enter								Approximate Interval Batte Onset and D
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N: MEDICAL	anock, or heart failutiment and the second and the	a. Sepse DUE TO (b. DUE TO (c. DUE TO (d. Stiona contributing to o	OR AS A CONSI	EOUENCE OF	not enter	derlying	de of dyl	ng, auch aa c	24a.	WAS AN AUTO PERFORMED	OPSY	24b. W	Approximate Interval Batvo Onset and D Aday S ERE AUTOPSY FIND RILABLE PRIOR TO DWPLETION OF CAU F DEATH?
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

Memorial Hospital Medical Bldg. Cumberland, MD 21502

REG. NO.

YEAR

2. DATE OF DEATH MONTH DAY

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Lest)

Gupta M.D.

DHMH-18 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or attend	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	١
		-	_	1

REGISTRAR 1. DECEDENT'S NAME (First	4 4414-4-									- 1	
	JAMES	MASON		/	MASO	. 1	MONT			YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last blethelast	IF UNDER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH			PLACE (State or Foreign
222-28-965	3	1 🕅 M 2 🗆 F	49	YAS.	MONTHS DAYS	HOURS MIN.	(Mont	th, Day, Year)		Country)
Da. FACILITY NAME (If not		street and number)			9b. CITY. TOWN	OR LOCATION OF D	_	. 18,	9c. COUNT		RYLAND
PENINSULA F	REGIONA		L CENTE	ER		ISBURY			WIC		
MARYLAND	DORC	HESTER		10c. CITY, TOWN OR LOCATION RHODESDALE							tod. INSIDE CITY LIMITS? t YES 2 XNO
5758 COKE	•	ROAD			10	21659			10g. CITIZE		HAT COUNTRY?
tt. MARITAL STATUS 1 Never Married 2X 3 Wildowed 4 Div		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W VIETNA	YES 2 AR OR DATES	ARMED NO	If yes, s	CENDENT OF NISPA pecify Cuben, Mexic 8 2 NO Speci	an, Puerto		s or No — 14	Black	— American Indian, , White, etc.
ts. DE (Specify or	CEDENT'S EDU	CATION completed)	16a. I	DECEDENT'S	USUAL OCCUPATE	ION out of working	168	. KIND OF BU	SINESS/INDUS	STRY	
Elementary/Secondary		Coffege (1-4 or 8+)		work done during made retired.) FABRICAT			REFRIG	ERATIC	ON	
17. FATNER'S NAME (First, FCHARLES]	Middle, Lest) HAYMAN	MASON				18. MOTHER'S NA VIRGINI				MAS	ON
19a. INFORMANT'S NAME	*******	10 10 000				and Number or Rural					
RUTH DIANE				5/58 0	cokesbur	y rd. RH	ODES				
29a METHOD OF DISPOSI 1 N Burlel 2 Cremati 4 Donation 5 Other		oval from State	cemetery, c	crematory or o	OF DISPOSITION (N ther place)		DAT	-	CATION — CR		.,
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BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician,	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

		1. DECEDENT'S NAME (Firs	t, Middle, Last)	L.		M	ELSON				2. DATE OF DE MONTH	DAY	YEAR 93	3. TIME OF DEATH 9:38 Pw
		4. SOCIAL SECURITY NUM 220 16 928		5. SEX	6. AGE (In y)	rs. lest birthday,	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIR (Month, Day, July 4	ETH		PLACE (State or Foreign
65	e a	90. FACILITY NAME (# not i Berlin Nui						rli	OR LOCATION	ON OF D		9c. Ci	OUNTY OF DE	EATH
修工	5	RESIDENCE OF DE	CEDENT									Wolcestel		e1
JE .	DIR	Md.		ester			ec. city, town on Location Berlin						10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
physician. bunal-transit permit.	FUNERAL	10e. STREET AND NUMBER		1.2		101. ZIP CODE				10g. C		HAT COUNTRY?		
transi	INE	U.S. 50 at	Kt. I	T FIFE BUILD		1			811			USA		
the the	BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES						f yes, s	pecify Cuba S 2 2 NO	n, Mexica	NIC ORIGIN? (Spe in, Puerlo Rican, e y:	cify Yes or No etc.)	Black,	- American Indian, White, atc. White
al or attending for use as the	E		CEDENT'S EDU		164	B. DECEOENT'S			ION lost of working		16b. KIND	OF BUSINESS/	NDUSTRY	
the hospital or detached for u	COMPLET	Elementary/Secondary (College (1-4 or 5	+)	IIIe. Do NOT	maker	-	iost or working	·v	Home	е		
detact once.	00	17. FATHER'S NAME (First, A									ME (First, Middle, i			
od by	BE	George L.					_				da Penue	_		
6 may be retained by the hospit ctor, page 5 should be detached nust be notified at once.	5	Jeanne L.	Sumpte	er							Route Number, City itland,			
Page 6 may al director, pa ner must b]	20a. METHOD OF DISPOSIT 1 Suriel 2 Commette 4 Donation 5 Other	on 3 🗆 Remer (Specify)			CE AND DATE				у	11-20	Georg	etown	
funera xami		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Short Funeral Home, Inc. P.O. Box 204 Delmar, De. 19940												
3 - 5 F		IMMEDIATE CAUSE (Fit disease or condition	eart railure.	List only one cet	ise on eech	line.	not enter	the mo	ode of dyi	ng, suc	h as cerdiac or	r respiratory	errest,	Approximate interval Between Onset and Death
e be executed within 24 n sician and completely filled rior to burial, cremation, traumatic event, the i	CATION	disease or condition resulting in death) a. CONONDANY ANDROY DISTANCE DUE TO (OR AS A CONSCOUENCE OF): DA Lenios Claros Distance Due TO (OR AS A CONSCOUENCE OF): Due TO (OR AS A CONSCOUENCE OF): Due TO (OR AS A CONSCOUENCE OF):												
ending phy il Hygiene p or other	ERTIF	cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	ing iry	DUE TO		P D								
that the oear the att the and Menta any Injury,	O	PART II. Other significe	ont condition	s contributing to	death but n	ot resulting	in the un	derlyin	ng ceuse g	jiven in		VAS AN AUTOPS PERFORMED?		WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
sh of	4: MEDICAL										1 0	YES 2 10 40		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
e has te Deg	SICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL					28. P	LACE OF DE	EATH (Che	eck only one)			
rufficat	YSI(1 TES 2 X NO		HOSPITAL:	ER/Outpatier	H 3 DOA	4 A Nun	: ing Hon	me 5 ☐ Ra	sidence	8 Other (Specif	(fy)	-	
the this certificate has beath with the State Dept. marked, or Item 23	ву Рну		Pending Investigation	28a. DATE OF (Month, D		28b, TIR	$\overline{}$	28c. IN.	JURY AT ORK? YES 2		28d. DESCRIBE		CCURED	
after de	ETED	3 Suicide 6	Could not be datarmined	28s. PLACE O building,	F INJURY — A atc. (Specify)	it home, farm,	street, facto	ery, offic	ce		261. LOCATION (City or Town,	Street and Numb , Stete)	er or Rural Ro	ute Number,
3 3 C =	COMPLE			CIAN: To the best of R: On the beels of e										and manner as stated,
日本語	BE CC	296. SIGNATURE AND TITLE			~				29c. LICE		IBER	29d. D/	TE SIGNED (Month, Day, Year)
2 6 3 2	2	30. NAME AND ADDRESS OF												
	7	Federico 31. DATE FILED (Month, Day,		32. REGISTRA			an Pi	nes	s Bei	clin	, MD 218	BII 41	0-641	-6363
	ر	NOV 2.2 19		ia Navids										

7	0	J	(

	1 - STATE REGISTRAR	STATE OF MARY			OF HEALTH		NTAL HYGIEN REG. NO		3 30114
N	1. DECEDENT'S NAME (FIRST, MIDDIE, LOOK) MARTIN MATUCEK			100			DATE OF DEATH MONTH		year 1:52 AM M
	4. SOCIAL SECURITY NUMBER 203 03 8459		(In yrs. lest birthday) 7 1 YRS.	IF UNDER 1	YEAR IF UNDER	4 HRS. 7	DATE OF BIRTH (Month, Day, Year) 3-5-1922		BIRTHPLACE (State or Foreign Country) Pa.
OR	9a. FACILITY NAME (If not institution, give a THE JOHNS HOPKII				OWN OR LOCATION IMORE	N OF DEAT	н	BALT]	Y OF DEATH IMORE CITY
EC	RESIDENCE OF DECEDENT 100. STATE 100. COUNT	Y	10c. CIT	ry, town or	LOCATION				10d. INSIDE CITY
E E	De. Suss	ex	I	aurel					LIMITS?
FUNERAL DIRECTOR	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	N OF WHAT COUNTRY?
	Rt.#1 Box 215A				19956				SA
B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	IF YES, GIVE VAR OR DAT				HISPANIC , Mexican, F Specify:	ORIGIN? (Specify Ye Puerto Rican, atc.)	a or No— 1	4. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			work done dui ise retired.)	UPATION ring most of working		18b. KIND OF BU		STRY
N N	17. FATHER'S NAME (First, Middle, Last)		Carpen	iter	18 MOTH	FR'S NAME	(First, Middle, Melder		
	Joseph Matusiak					an o mame	(1 No., INCOM, INCOM.	Comency	
TO BE	too. INFORMANT'S NAME (Type/Print) Vivian H. Matuce	k	1777-140000				ne Number, City or Tow		ode)
	20e_METHOD OF DISPOSITION 1	noval from Btate C6	ob. PLACE AND DATE	other plece)		1			ty or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LI		/	22. N/ Sh	ort Wind	s of facili	ITY	n Fune	ral Home, Inc.
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	the death. Do				a cardiac or reap	irstory arred	Approximate Interval Between Onset and Death
z					KKASE	_			9hrs
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING		A CONSEQUENCE OF						9hrs
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	d. DUE TO (OR AS	A CONSEQUENCE O	VEUN	SYM				loyears
MEDICAL	PART II. Other eignificant condition	ne contributing to death	but not resulting	In the und	erlying cause g	iven in Pa	PERFO	RMED?	24b. WERE AUTOPBY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES: 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	28. PLACE OF DE	ATH (Check	only one)		
YSI	1 TYES 2 DATO	1 Inpetient 2 ER/Ou		4 - Nursin	ng Home 5 🗆 Res				
ВУ РН	1 Natural 5 Pending Investigation	(Month, Day, Year)		JURY M	8c. INJURY AT WORK? 1 YES 2		d. DESCRIBE HOW	INJURY OCCU	RED
	3 Suicide a Could not be 4 Homicide determined	28e. PLACE OF INJUF building, atc. (Sp	RY — At home, ferm, secify)	street, factor	y, office	2	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		
COMPLETED	CONTROL ONLY	ER: On the basic of examinati							i. ceuse(s) and menner as stated.
O BE C	296. SIGNATURE AND TITCE OF CENTIFIE		MD		29c. LICE	NSE NUMBE	R	29d. DATE	SIONED (Month, Day, Year)
F	30. NAME AND ADDRESS OF VERSON WITH.	10 COMPLETED CAUSE OF C	PEATH (ITEM 27) (Typ)	e, Print)	JIH,	Ba	lhmon	, ME).
1	NOV 2 2 1993	32. REGISTRAR'S SIG	MATURE Pandell						

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached for use as the burial-transit be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transi	DE THE WITHIN 1/2 HOURS BRET GEATH WITH THE STATE DEPT. OF HEATTH AND MEHTAL HYGENE PROFILE, CHEMBRION, OF PERMOYAL,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
THE CL	TO THE	De med	IMPOR

31. DATE FILED (Month, Day, Year)
NNV 9 2, 1993

32. REGISTRAR'S SIGNATURE lia Davidson-Randall

	1 - FOR STATE REGISTRAR	STATE OF N			RTMENT				MENTAL HYGIEN	_	93	36115	
110000		IAYNE			NABB				2. DATE OF DEATH MONTH D. NOVEMBER	AY	YEAR 1993	3. TIME OF DEATH 10:55 A. M	
	4. SOCIAL SECURITY NUMBER 137-34-1733	5. SEX 1 X M 2 - F	6. AGE (In yrs. les	AGE (In yrs. last birthday) 49 YRS. FUNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. T. DATE OF BIRTH (Morith, Day, Year) JUNE 9, 194				44	8. BIRTHPLACE (State or Foreign Country) NEW JERSEY				
TOR		98. FACILITY NAME (If not institution, give street and number) 10310 BRISTOL ROAD BESIDENCE OF DECEDENT					ITY	ON OF DI	EATH	22.11	CEST		
L DIRECTOR					AN CI	TY	1000				10d. INSIDE CITY LIMITS? 1 TYES 2 X NO		
FUNERAL	10310 BRISTOL ROAI	12. WAS DECEDENT	EVER IN U.S. AR	MED	13. 1	2	1842		NIC ORIGIN? (Specify Yes	U	SA	VHAT COUNTRY? E — American Indian,	
ED BY F	1 Never Merried 2 X Merried 3 Widowed 4 Divorced 15. DECEDENT'S EDUC	IF YES, GIVE W			- 1	YES	2 X NO	n, Maxica	m, Puarto Rican, etc.) y:		Speci	k, Whita, etc.	
COMPLETE	(Specify only highest grade Elementary/Secondary (0-12) 12) (G life.	ive kind of a Do NOT us	work done of retired.)	luring mo	ast of working		CONSTRU				
BE CON	17. FATHER'S NAME (First, Middle, Last) ROBERT MCNABB						18. MOTH	E M.	ME (First, Middle, Maiden FISHER	Surname)			
10	19a. INFORMANT'S NAME (Type/Print) MARY ANN MCNABB 20a. METHOD OF DISPOSITION		10	0310	BRIS	TOL	ROAL		CEAN CITY,	MAR	YLANI		
9	1 (X Buriel 2 Cremation 3 Rame 4 Donation 6 Other (Specify) 21. SIGNATURE CONTROL SERVICE LICE		20b, PLACE / cemetery, cre	matory or o	ther place)	AL			11/24/93		IN.	MARYLAND	
	· Charles W	The	\$	<u>-</u>	НА	STI	NGS E	UNE	RAL HOME,	SELBY	YVILI	E, DE. 199	
	23. PART I. Enter the diseases, or canock, or heart feliure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	o. A	caused the de).		the mo	de of dyi	ng, suci	h ss cardlec or respi	ratory ar	reat,	Approximate Interval Batween Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events		OR AS A CONSEC										
	PART II. Other significent conditions	. contributing to	death but not r	acultine.	la tha un	el a rela al a		des to the	9-41 41 11 11 11 11 11 11				
MEDICAL			ootii out not i	esulting		Derrying	y ceuse g	jiven in	Part I. 24s. WAS AN PERFOR 1 YES 2	MED?	246.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER	1:			eck only one) 6 Other (Specify)				
B	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be	ME OF JURY AT WORK? M 1 YES 2 NO 26d. DESCRIBE HOW INJURY OCCURED atreet, factory, office 26f. LOCATION (Street and Number or Rural Route Number,				Invite Mumber							
COMPLETED	4 Homicide determined	building, e	Mc. (Specify)					and due	City or Town, State) to the cause(s) and man				
ш	one) 2 MEDICAL EXAMINED	3: On the basis of ax						ed at the	time, data and place, an	d dua to ti	he cause(a) and manner as stated. (Month, Day, Year)	
10 B	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	E OP DEATH /ITES	(N)	Print		D	26	278	>	11-2	1-73	

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	ificate be executed within ricours after death. Page 6 may be retained by the hospital or attending physician.	physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit promit from 2,13 should be detached for use as the burial-transit promit from 2,13 should are prior to burial, cremation, or removal.	st be notified at once.	
BOX 68760,	ficate be executed within mours after death, Page 6	physician and completely filled in by the funeral directs one prior to burial, cremation, or removal.	her traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED
tal examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
 the funeral director, page 5 should be detached for use as loval. 	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
ifter death. Page 6 may be retained by the hospital or atten	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Hours after death, Page 6 may be retained by the hospital or atten
BALTIMORE, MARYLAND 21215	DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1. DECEDENT'S NAME (FIN		stel				Mu	TTER	MON	E OF DEATH	7 199	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUN 229-12-5681	4(7)	5, SEX 1 M 2 - F	6. AGE (In yrs. In 7/	YRS.	IF UNDER	DAYS	IF UNDER 24 HR	Mar	E OF BIRTH nth, Day, Year)	1922	West	
PENINSULA	REGIONA		L CENTI	ER			BURY	F DEATH			COMIC	
Virginia	Accom	ack			Y TOWN O		1					d. INSIDE CITY LIMITS? YES 2 X NO
33241 Eve		Estates				101	23415			10g. CITIZ	ZEN OF WHA	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1	YES 2 AR OR DATES	RMED NO		f yes, sp	ENDENT OF NIS ecity Cuben, Me 2 NO Sp	xicen, Puert	IN? (Specify Ye o Ricen, etc.)	s or No	14. RACE — Black, W Specify:	American Indian, hite, etc. White
	CEDENT'S EDUCATION And Advanced Co. (0-12)		4.36	GIVE kind of view po NOT be	USUAL OCH work done of the milited of DILINE	turing mo	on ontract	,	Wilmin News J	gton,	Dela	ware
17. FATHER'S NAME (FIS), 1 Garnet R		Mutter					18. MOTNER'S		Middle, Maider Le Mes	Sumame)		
Jessie (.	Mutter		1	9b. MAILING 3324/	ADDRESS	gre	en Esta	ral Aouto Nu Les,	New (h	urch, State, Zip	Virg	inia 234
20e, METHOD OF DISPOSI 1 M Buriel 2 Cremet 4 Donation 5 D Othe	on 3 🗆 Remo	val from State	20b. PLACE	EAND DATE	OF DISPOSI	TION (Na	ial Par	k "	Neu Neu	cation - c	le, D	state elaware
21. SIGNATURE OF FUNER.	AL SERVICE LICE	ENSEE	. 6	21			er l'une	Rally /	lome rginia	2333	6	
Sequentially list conditions, leading to immediate. Enter UNDERLY CAUSE (Disease or injuited initiated events resulting in death) LAS	ring c.	DUE TO	(OR AS A CONSI	EOUENCE OF	F):							
PART II. Other eignific	ant conditions	contributing to	death but not	raculting (in the un	derlyin	g cause given	in Part I.	24e. WAS AN PERFO 1 TYES	RMED?	AM CO OF	RE AUTOPSY FINDIN ALABLE PRIOR TO MPLETION DE CAUSI DEATH? YES 2 NO
25. WAS CASE REFERRED EXAMINER?		HOSPITAL:			OTHER	t:	ACE OF DEATH		-1			
	Pending	1 28a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ WO	NO 5 Residen		ner (Specify) ESCRIBE HOW	INJURY OCC	URED	
2 Accident 3 Suicide 8 4 Homicide	Could not be detarmined	28e. PLACE O building,	F INJURY A1 h	nome, ferm, a	street, facto				CATION (Street y or Town, State		or Rural Routi	Number,
		IAN: To the best of										d manner es stated.
Michael	E OF CERTIFIER	ch	~ mi)				29c. LICENSE D020	NUMBER				onth, Day, Ybar)
30. NAME AND ADDRESS D Medical C 31. DATE FILED (Month, Day	Zenter	rWest			-	. co	201 Pin	e Bi	uffk	21, 5	Sist	Sary Md
NUV 29			Ison-Rano	lall								7/80/

uce - canterall pagesterion

3. TIME OF DEATH

a

4:35

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

Specify: White

1 XYES 2 NO

8. BIRTNPLACE (State or Foreign

Maryland

9c. COUNTY OF DEATN

USA

Talbot

10g, CITIZEN OF WHAT COUNTRY?

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH Ethel F_{lorence} Meehan 29 Nov. 1993 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH FEB 13, 1921 1 M 2 X F DAYS HOURS 218-03-0754

9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Memorial Hospital Easton RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Talbot Easton FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 201 Federal Street, Apt. 80 21601 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ∑NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 3 Widowed 4 Divorced as the COMPLETED

15. DECEDENT'S EDUCATION (Specify only highest grade complet 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 Housewife Own Home 17. FATHER'S NAME (First, Middle, Last)

Mallory Buren Crockett

Ollie Rosa Duncan

19a. INFORMANT'S NAME (Type/Print) Jean P. Wilson

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Box 268, St. Michaels, MD 21663

20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Steta Salisbury Crematory 11-30 Salisbury, MD

21. SIGNATURE OF FUNERAL SERVICE LICENSEE ewy and

22. NAME AND ADDRESS OF FACILITY Newnam Funeral Home, P.A. 200 S. Harrison St., Easton,

16. MOTHER'S NAME (First, Middle, Malden Surname)

23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, shock, or heart failure. List only one cause on each line **IMMEDIATE CAUSE (Finel** Metustate disease or condition resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF):

Approximate interval Retwe Onset and Death

14 4RS

MD

Sequentially list conditions,

DUE TO (OR AS A CONSEQUENCE OF)

DUE TO (OR AS A CONSEQUENCE OF):

PART ii. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i.

if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST

7	
1	24a, WAS AN AUTOPSY
1	PERFORMED?
1	PERFORMEDI
J	1 VES 2 THE

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

11-29-9

25.	WAS	CASE	REFERRED	то	MEDICAL
	EXA	MINEF	17		
	t []	YES	2 NO		

HOSPITAL: OTHER: montient 2 - ER/Outpetient 3 - DOA

28a. DATE OF INJURY (Month, Day, Year)

ACE	OF	DEATH (Check	only one)	
te 5		Realdenc	0 8 0	Other	(Specify)	

28d. DESCRIBE HOW INJURY OCCURED

27. MANNER OF DEATN 1) Natural 2 Accident

5 Pending investigation 6 Could not be

1 YES 2 NO 26s. PLACE OF INJURY — All home, ferm, etreet, factory, office building, etc. (Specify)

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

3 Sulcide

4 Nomicide

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

28b. TIME OF

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

28c. INJURY AT WORK?

28. PLACE OF DEATH (Check on

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH-(TEM 27) (Type, Print)

Stephen P. Carney, M.D., 509 Idlewild Avenue, Easton, MD 21601

31. DATE FILED (Month, Day, Year) 2 1993 DEC

32. REGISTRAR'S SIGNATURE Laurds

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OF THE FUNERAL DE FILED WITHIN 72 M IMPORTANT: If IN

hours after death. Page 6 may be retained by the hospital or attending physician funeral director, page 5 should be the th filled in by 0 signed by the attending physician and completely fille Health and Mental Hygiene prior to burlal, cremation, executed within HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be has been Dept. of h After this certificate I death with the State DIRECTOR: A hours after d

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MEDICAL CERTIFICATION

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p		4. SOCIAL SECURITY NUMBERS SOCIAL SECURITY NAME (If not in	027	1 K M 2 - F	6 9	YRS. MON		HOURS MIN.	1-	3-24	Coe	1 -	N. Jers
. 2, 3 should	TOR	904 Primr	ose,		3	96.	- 4	OR LOCATION OF DE	EATH		AITH		rundle
1	DIRECTOR	10a. STATE MD.	10c. CITY, TO		10d. INSIDE CITY LIMITS? 1 YES 2								
(7)	FUNERAL	100. STREET AND NUMBER 904 Prim		Apt. 20)3	10f. ZIP CODE 21403				10g. CITIZEN OF WH			
fing physics the burish	BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT I FORCES? 1 FYES, GIVE WAF WW II	EVER IN U.S. YES 2 R OR DATES	ARMED NO	If yes,	ECENDENT OF HISPAP apecify Cuban, Mexica ES 25 NO Specify	n, Puerto Ric		Sp	MCE - A leck, Wh	American Indian, ille, etc.
MARYLAND 21215-0020 retained by the hospital or attending othysis 5 should be detached for use as the burits notified at once.	COMPLETED	(Specify only Elementary/Secondary (0 12		CATION completed) College (1-4 or 5+)	16a.	a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refred.) dentist			,500	denist	SS/INDUSTRY		00
IYLAI I by me I d be deta	BE CO	17. FATHER'S NAME (First, M James	Mess	er (Mas	ina)			18. MOTHER'S NA		dde, Melden Sumi ₹110₩11		ner	Dick
	TO B	Michelle		est				Way, Fi)48	
ORE, 18 may be setter, page must be		20a. METHOD OF DISPOSIT 1 ☐ Burial 2 😿 Crematic 4 ☐ Donation 25 ☐ Other	n 3 🗆 Remo	oval from State	cemetery.	CE AND DATE OF DIS	SPOSITION (Name of	DATE	20c. LOCATIO	ON — City or	Town, S	
BALTIMORE ter death. Page 6 may 1 the funeral director, pay yea!		21. SIGNATURE OF FUNERAL SERVICE LICENSEE Carroll Cremation Hampstead									AL I	HOME	
within 24 hours af plately filled in by cremation, or remorement, the medical		23. PART I. Enter the dishock, or himmediate CAUSE (Fir disease or condition resulting in death)	eart fallure. I nai	List only one cause	on each i	c Obs	true	tive L	ing 1			71	Approximate Interval Between Onset and Death
, P.O. BOX ath certificate be extending physician tal tal Hygiene prior to , or other traum	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF): DUE TO (DR AS A CONSEQUENCE OF):											
RECORDS requires that the d een signed by the of Health and Mer shows any injur	: MEDICAL	PART II. Other significa	nt condition	a contributing to de	eath but no	ot resulting in th	e underlyi	ing cause given in		4a. WAS AN AUTO PERFORMED	?	CON	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
ITAL V: The law icate has 1 State Dept item 23	PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		_ от	26. HER:	PLACE OF DEATH (Ch	eck only one)				
NO OF VITAL NG PHYSICIAN: The law ther this certificate has beath with the State Dept. marked, or item 23		1 YES 2 -NO 27. MANNER OF DEATH 1	Pending	26a. DATE OF IN (Month, Day,	JURY	28b. TIME OF INJURY	28c. II	NJURY AT YORK?		Specify) RIBE HOW INJUR	Y OCCURED		
ISIC TTENOI TOR: A after of	TED BY	2 Accident Investigation 3 Suicide 6 Could not ba 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, building, src. (Specify)						M 1 YES 2 NO et, factory, office 28f. LOCATION (Street and in City or Town, State)			Number or Rural Route Number,		
Though a	COMPLET			CIAN: To the best of m								e(s) and	menner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 IMPORTANT: II	TO BE C	296, SIGNATURE AND TUTE	11	Pe Cinn		10		29c. LICENSE NUM	SOY	296			nth, Day, Year)
	_	30. NAME AND ADDRESS OF	Ridg			TEM 27) (Type, Print	1	nd a	140/				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

93 361118

DHMH-16 Rev 1/89

1 - FOR STATE REGIST
1. DECEDENT
4. SOCIAL SEC
214-4

93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	CERTIFIC		F DEATH	REG. N	0.	•	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	ELLA MAE M	ACKALL			11-2	3 -	93	4:20 PM
- 3	4. SOCIAL SECURITY NUMBER 5. SEX 6.		IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year)		a. BIRTHP	LACE (State or Foreign
	214-42-5488 1□ M 2 Ø F	53 YRS.	MONTHS DAY	B HOURS MIN.	April 20	, 194		Maryland
	Se. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOV	N OR LOCATION OF D	EATH	9c. COL	INTY OF DE	ATH
DIRECTOR	University of Maryland Ho	spital	Ba1t	imore				F 72
2	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	Inc CITY	TOWN OR LO	CATION				10d. INSIDE CITY
H	Maryland Calvert						- 1	LIMITS?
	10e. STREET AND NUMBER	FI.	Ince I	rederick		10a, CIT		AT COUNTRY?
FUNERAL	1707 Sixes Rd.			20678			USA	IN COUNTRY
5	11. MARITAL STATUS 12. WAS DECEDENT E FORCES? 1	VER IN U.S. ARMED	13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify) an, Puerto Rican, atc.)	es or No—	14. RACE	- American Indian, White, etc.
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced			YES 2 XNO Speci			Specify	
ED	15. DECEDENT'S EDUCATION	18a. DECEDENT'S U	SUAL OCCUP	ATION	16b. KIND OF B	USINESS/IN	DUSTRY	
E	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	life. Do NOT use	retired.)	most of working				10000
MPL	10	House	wife				100	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Melde			
BE	James E. Parker				line Egan			
2	19c. INFORMANT'S NAME (Type/Print)				Route Number, City or To			70
	Denise Mackall	P.O.			e Frederi			
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Removal from State	20b. PLACE AND DATE OF COMMETTER, Cremetery, Cremetery or oth SOLID RO	er place)		DATE 20c. 1			
	4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Solid Ko			/29/93 :			
	A	20	1		_			.,MD 20678
	Spencer & Sew							, FID 20076
	23. PART If Enter the diseases, or complications that c shock, or heart failure. List only one ceuse	nused the death. Do no on each line.	ot anter the	mode of dying, suc	ch as cardiac or rea	piratory as	rreat,	Approximate interval Batween
	IMMEDIATE CAUSE (Final	Seminary .						Onset and Death
	disease or condition - SEF	A AS A CONSEQUENCE OF	ECRO	TIZING	FASCII	77S		2 WEEKS
		The state of the s						12 100010
CERTIFICATION	Sequentially list conditions, Due to to	CTED A		UVENOU	5 GKH	FT		2 WEEKS
X	cause. Enter UNDERLYING			ITONS 17	15			11/2 mos.
Ĭ.	CAUSE (Disease or injury that initiated eventa DUE TO (OI	AS A CONSEQUENCE OF	:					MANY
E	resulting in death) LAST	STAGE	Ri	SNAL D	DISEASE			YEARS
ū	PART II. Other algnificant conditions contributing to de	ath but not moulting in	the under	ving cause given in	Part i 24a WAS	IN AUTOPSY	245	WERE AUTOPSY FINDINGS
DICAL	f		the whoel	ying cades given in	PERF	ORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
					1 TYES	2 NO		OF DEATH?
Σ					_			1 ☐ YES 2 Ø NO
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL		21	. PLACE OF DEATH (C)	hack only one)			
Sic	EXAMINER? HOSPITAL:		OTHER:					
¥	27. MANNER OF DEATH 28s. DATE OF IN.			injury at	284. DESCRIBE HOW	INJURY OC	CURED	
	1 Netural 5 Pending (Month, Day,	Year) INJU	RY	WORK?				(AU)
ВУ		NJURY — At home, farm, at	reet, factory,	iffice	281. LOCATION (Street		or or Rural Ro	ute Number,
Ĕ	4 Homicide determined building, etc	. (Specify)			City or Town, Star	le)		11000
2	29e. CERTIFIER Check only CERTIFYING PHYSICIAN: To the best of my	knowledge death occurred	at the time	fete and place, and du	a to the cause(a) and m	anner ee et	stad	1000
COMPLETED	(Check only one) 2 MEDICAL EXAMINER: On the basic of axam							and menner se stated.
	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU				Month, Day, Year)
B	Dente K Brans	a mil	1			•	11/2	3/92
2	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE						BA.	TIMORE
	DERRICK K. BURNO M. I	S. 22 S.	ELEI	NE ST	U.M.n	1.5	m	D 21201
	31. DATE FILED (Month Day, Year) 32. REGISTRAR'S	SIGNATURE			V 1		/	-1-01
	NUV 29 1993 Julia Da	vidson-Randalle						

36119

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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The	ate h	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E
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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / CE	DEPAR	TMENT ICATE	OF H	DEAT	AND N		HYGIEN REG. NO.		93	36120
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	William	Edward		M	ever				NOV.	7		993	2:31 A.MM
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. lest		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7 DATE OF	BIRTH		8. BIRTHI	PLACE (State or Foreign
	217-01-8837	1 1 M 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	BATTAL.	Aug.	13,19	915	Country	" Maryland
	9e. FACILITY NAME (If not institution, give s	street and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE				NTY OF DE	
DIRECTOR	Memorial Hospita	1 at Easton			Ea	stor					Та	1bot	
8	10a. STATE 10b. COUNT				Y, TOWN C								10d. INSIDE CITY LIMITS?
		ent		Ch	este	rtow	m						1 X YES 2 NO
FUNERAL	120 Pine Street					101	2162				10g. CITI	U.S	A.
3	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 14 YE	IN U.S. ARM	ED	13.	MAS DEC	ENOENT O	F HISPAN	IC ORIGIN?	Specify Yes	or No-	14. RACE	- American Indian, White, atc.
	1 Never Married 2 Married	IF YES, GIVE WAR OR)				n, Mexicar Specify	n, Puerto Ric	an, etc.)			, white, atc. White
ЭВУ	3 Wildowed 4 Divorced	I WW I											WILLCE
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade	CATION completed)	(G/v	e kind of v	USUAL Or	during mos	N st of workin	ng	16b. K	IND OF BUS	SINESS/INC	USTRY	
ا ۳ ا	Elementary/Secondary (0-12)	College (1-4 or 5+)			e retired.)						_		
M	1.2 17. FATHER'S NAME (First, Middle, Last)] Pr	inte	r				_	usine		orms	
							1		WE (First, Mid		Surname)		
띪	John Meyer 190. INFORMANT'S NAME (Type/Print)		1		to the last			_	incro				
2									loute Number,				(00
	Evelyn Meyer							ester	town,				
	1X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	ob. PLACE AN Emetery, crem Chest	atory or o	her place)	ITION (Na	me of	. 10	DATE	20c. LO			
	21. SIGNATURE OF PONERAL SERVICE LIC	CENSEE /	cnest	er c	-			SS OF FAC		U	ieste	CLOW	n,Maryland
	Saw B.	Fellows			Fe	110W	s-We	11s	Funer heste			216	20
	23. PART I. Enter the diseases, or o	complications that caus	ed tha daa	th. Do r	ot antar	tha mo	da Df dyl	ng, such	aa cardla	c or reapl	ratory arr	reat,	Approximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Atheroscle DUE TO (OR AS	erotic	C C	ardio	ovas	cula	r Di	sease				Interval Between Onset and Death Years
CERTIFICATION	Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS C. DUE TO (OR AS											
	PART II. Other algolficant condition	a contributing to death	but not rea	nulting i	n the un	dariying	Cause 0	lven in f	Part I. 24	la. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS
: MEDICAL	chronic renal fa									PERFOR	171		AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL					24 24	ACE OF C	EATH OF	ck only one)				
S	EXAMINER? 1 YES 2 X NO	HOSPITAL:	252 . 45		OTHER	l:							
PHYS	27. MANNER OF DEATH	1X Inpetient 2 ER/Ou 28a. DATE OF INJURY	-	28b. TIM	_	28c. INJU		sidenca (B Other (S				
	1 X Natural 5 Pending	(Month, Day, Year)			URY	WOI	RK?	I NO	28d. DESCR	IBE HOW IN	IJURY OCC	JUHED	
B	2 Accident Investigation 3 Suicide 8 Could and be	28e. PLACE OF INJUR	IY — At home	e term e	traet tects) NO	28I. LOCATI	ON (Ct-st-s	and Moranda an	P / P-	At and
	4 Homicide 8 Could not be determined	building, etc. (Sp	ecify)	o, tailit, a	areat, tact	, ome		- 1	City or	fown, State)	na Number	or nunti no	oute Number,
9	290. CERTIFIER					-							
COMPLET	(Check only	CIAN: To the best of my kno R: On the beals of examinati											end manner as stated.
	296 SIGNATURE AND TITLE OF CERTIFIED	-				Т	29c. LICE	NSE NUM	BER	1	29d. DATI	E SIGNED /	Month, Day, Year)
B	honly /kg.	Catha &	-					3146					3 1993
2	30. NAME AND ADDRESS OF MERSON WHO	O COMPLETED CAUSE OF D	EATH (ITEM	27) (Туре,	Print)			J140	U			MOA . S	1773
	Ludwig J. Eglsed	er III M.D	606	Dute	chmar	ns L	ane.	Eas	ston	Md.	216	01	
-/	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE										

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BALTIMORE, MARYLAND 21203-3146

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached f		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DECO 2 '93

	1 - STATE REGISTRAR	STATE OF MARYLAND			F HEALTH AN OF DEATH	D MENTA	REG. NO.	9	3 3612
-		ALICE JOYCE	MIDD	LETON		2. DATE	OF DEATH) YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		das		N	11	OF BIRTH	193	17:15 M
		S. SEX 1 M 2 F	YRS.	MONTHS DA		(3.4	h, Day, Year)	8. BIRTN Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give stree			9b. CITY, TO	VN OR LOCATION O	F DEATN		COUNTY OF DI	EATH CONCE
OR	Manokin Manor Nurs	ing Home		Prin	icess Ann	ne, MD		Somer	set
ECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
DIRECTOR	Maryland Some	rset			s Anne				LIMITS?
	10e. STREET AND NUMBER				101. ZIP CODE		100	. CITIZEN OF W	WHAT COUNTRY?
FUNERAL	11974 Edgehill Terr				218	353		U.S	.A.
ВУ	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 O IF YES, GIVE WAR OR DATES		If yes	DECENDENT OF NII , specify Cuban, Ma YES 2 X NO S	ixican, Puerto	I? (Specify Yea or N Rican, etc.)	lo→ 14. RACE Black Specifi	E — American Indian, k, White, atc.
8	15. DECEDENT'S EDUCA' (Specify only highest grade co	ompleted)	(Give kind of	USUAL OCCU!	ATION most of working	16b	. KIND OF BUSINES	S/INDUSTRY	
E	Elementary/Secondary (0-12) H. S. Graduate	College (1-4 or 5+)	olelego				Dodawa		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		okkeej	ber	16. MOTNER'S	S NAME (First, i	Dairy Middle, Melden Surns	ame)	
BE C	Gorman Middleton				Ali	ce Ver	nable		
TO B	19a. INFORMANT'S NAME (Type/Print)						ber, City or Town, Sta		
	Thomas G. Redman (1				venue -			21401	
	20s. METNOD OF DISPOSITION 1 1 1 Burial 2 Cremation 3 Hemovi	other State	place)		cometery, cremetory metery	/ Or		ON — City or To	
	21. SIGNATURE OF UNERAL SERVICE ACES		LI CHU	22. NAM	E AND ADDRESS O			ell, M	,
	Robert H. Brade	delegent					Crisfiel		01017
- 4	23. PART I. Enter the diseases, or con	mplicetione the coused the	death, Do	not enter the	mode of dying,	auch es cen	diac or respirator	ry arreat,	21817 Approximate
	IMMEDIATE CAUSE (Finel	et only one cause on each ii		A	0	4			Interval Satween Onset and Death
	discess or condition resulting in death)	Multis	A PLANENCE O	- 7	repo	ns	_		
_		DUE TO (OH AS A GOT	NEGAMENCE C	PF):					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CON	SEQUENCE O	F):					
S	Cause. Enter UNDERLYING CAUSE (Disease or injury								
Ë	that initieted eventa resulting in death) LAST	DUE TO (OR AS A CON	SEQUENCE C	IF):					
	d.								
ICAL	PART II. Other significant conditions		ot resulting	The state of the s	lying cause give	n In Part I.	24a. WAS AN AUTO PERFORMED		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC	Cuj 12000	(Du A	Lan	tu		~ 1	1 [] YES 2 [] 1	ON	COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MED	200	o v trous	F	in		7			1 YES 2 NO
MAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	2,7,2000		2	8 PLACE OF DEATH	(Check only o	ne)		
SIC		HOSPITAL: I inputiont 2 ER/Outputient	3 DOA	OTHER	Nome 5 🗆 Reside	nce 6 🗆 Othe	er (Specify)		
PH	27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	26b. TII	JURY	INJURY AT WORK?		SCRIBE HOW INJUR	TY OCCURED	
B	2 Accident Investigation	26a. PLACE OF INJURY — At	home farm		YES 2 NO	_	CATION (Street and N	humber or Rumi t	Bordo Alumbar
COMPLETED	3 Suicide 6 Could not be determined	building, etc. (Specify)		oriout, motory,	O.I.I.O.E		or Town, State)	rumber of Huner I	tode warmon,
3	29a. CERTIFIER 1 CERTIFYING PHYSICI	AN: To the best of my knowledge,	death occur	red at the time,	data and place, and	due to the ca	use(a) and manner	as stated.	
MO	and and	On the basis of examination and							i) and manner as stated.
W	29b. SIGNATURE AND TITLE OF CERTIFIER		1		29c, LICENSE	NUMBER	290	d. DATE SIGNED	(Month, Day Year)
TO B	- desour	repert	7/		1/5	7670		11/2	19/9=
-	THE HAVE AND ADDITION OF PERSON WHO	COMPLETED CAUSE OF DEATH (A A	e, Print) 1	r. L. 1	いき	vang	elis	te
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE		14.	Taken	min	4,1		11 20/
	DECO 2 '93	Julia Davidson-A	andell						

10-25-134 825 1602

3. TIME OF DEATH 4:00 AM M

Pr. Anne. Md.21853

Approximate Interval Between **Onset and Death**

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

	1 - STATE REGISTRAR		CE	RTIFIC	CATE OF	DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						MONTH	OF DEATH	ly)	YEAR	3. TIME OF DEATH
17	ALFRE	D S. M	AY				12-	01-19	993		4:00 AM
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. lest		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.	7. DATE (Day, Year)		Country	PLACE (State or Foreign
	217-05-5720	1 2 M 2 D F	86	YRS.	MONTHS DATE	NOORS MIN.		08-19	907		rginia
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF	DEATH		9c. COUNT		
OR	30527 Washing	ton Stre	et		Prince	ess An	ne		Som	ers	et
ב	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNT			10c CITY	TOWN OR LOCA	TION				T	10d. INSIDE CITY
DIRECTOR	The state of the s			100. 0171,						- 1	LIMITST
	Maryland S 100. STREET AND NUMBER	omerset				ess An	ne		10a. CITIZE	N OF W	THAT COUNTRY?
FUNERAL	20527 Washing	+ a = C+ = a	a #		100	2105	2			11	S
N	30527 Washing	12. WAS DECEDENT		MED	13. WAS DEC	2185 CENDENT OF HIS		(Specify Yes	or No 1	4. RACE	- American Indian,
	1 Newer Married 2 Married	FORCES? 1 [YES 2 N	10	If yes, sp	ocify Cuben, Max S 2 NO Spe	Ican, Puerto F	lcan, atc.)		Specif	, White, etc.
ВУ	3 Widowed 4 Divorced	. , , , , , , , , , , , , , , , , , , ,			1	o a gartto ope	uny.			Whi	
E	15. DECEDENT'S EDU (Specify only highest grad	JCATION completed			SUAL OCCUPATI		18b.	KIND OF BU	SINESS/INDU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	15 fee	Do NOT use	retired.)	or training					
COMPLETED	8			Mach	ninist						
00	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S	NAME (First, A	liddle, Meiden	Sumame)		
BE	John Frankli	n May							felle		
70	19a. INFORMANT'S NAME (Type/Print)					and Number or Ru					14 21052
	Edna E. White						1	7			ld.21853
	20s. METHOD OF DISPOSITION 1 Burisl 2 Cremetion 3 Ren	noval from State	of cemetary.	crematory of	OF DISPOSITION or other place)_		1 27		CATION — CI		
	4 Donation 5 Other (Specify)	ICENSES.	St.	Andr		DISCOD		f P	r. An	ne,	Md.2185
	. ()	CENSEE	7			nman F		1 Hor	me		
	James 2 M	time 4	MOO	295		incess				53	
	23. PART I. Entar the diseeses, or shock, or heart failure.	complications that	caused tha da	ath. Do no	ot anter the me	ode of dying, a	uch ss card	lsc or resp	Iratory street	st,	Approximate Interval Betwe
	IMMEDIATE CAUSE (Finel	. List only ona caus	o on each ine								Onset and Dec
	disease or condition reaulting in deeth)	. 0	Talemerel	Gen die	Cons	hovasen	(us)	Desc	e		
	Total and a second	DUE TO (C	OR AS A CONSEC	QUENCE OF):						
Z	Commentally list conditions	b									
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	DUE TO (C	OR AS A CONSEC	DUENCE OF):						
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO "	OR AS A CONSEC	OHENCE OF							
=	that initiated events resulting in death) LAST	DUE 10 (C	UN AS A CUNSE	JUENUE UF	,.						
ׅׅ֡֝֝֝֟֝֟֝֟֝֟֝֝֟֝֓֓֓֓֓֓֓֓֓֓֓֟	Maria and	d									
A.	PART II. Other algorificant condition	na contributing to d	death but not r	resulting in	n the underlyin	ng cause given	in Part I.	24a. WAS AN		24b	WERE AUTOPSY FINDIN
DICAL								1 TES	-	1	COMPLETION OF CAUSE OF DEATH?
ME											1 YES 25 NO
ż											
N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000174			-	PLACE OF DEATH	(Check only or	e)			
Si	1 VES 2 THO	1 Inpatient 2	ER/Outpatient 3		OTHER: 4 Nursing Ho	me 5, - Residen	ce 8 🗆 Othe	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF II (Month, Day		28b. TIME		IJURY AT	28d, DES	CRIBE HOW	INJURY OCCU	JRED	
24	1 Natural 5 Pending 2 Accident Investigation					YES 2 NO					
	3 Suicide 8 Could not be		INJURY — At he Mc. (Specify)	ome, farm, si	treet, factory, offi	ice		ATION (Street or Town, State	and Number o	or Rural I	Route Number,
4	4 Homicide detarmined										
וב ב		SICIAN: To the best of r	my knowledge, de	eth occurre	d at the time, dat	te and place, and	dua to the car	ree(a) and ma	nner as state	d.	
COMPLETED	anal —	IER: On the basis of ax	amination and/or	investigation	n, in my opinion,	death occured at	the time, dete	and place, a	nd due to the	cause(i) and manner so stated
BE C	29b. SIGNATURE AND TITLE OF CERTIFI	ER /	1 0			29c. LICENSE	NUMBER				(Month, Day, Year)
		Janus to	CH	1 4	40	10	1969		•	12.	-2-93
0		The second second			-	700				-	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DENTH (ITEM 27) (Typo, Prin

32. REGISTHAR'S SIGNATURE

Sulia Tavidson-Randella

0

Suite

31. DATE FILED (Month, Day, Year) DEC 0 2 '93

12

12-2-93

21801

DHMH-16 Rev 1/89

REG. NO

2. DATE OF DEATH

36123

10:20 A M

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

White

1 YES 2 NO

Approximete

24b. WERE AUTOPSY FINDINGS

AWAILABLE PRIOR TO COMPLETION DF CAUSE

1 YES 2 NO

Interval Between

Onset and Death

8. BIRTHPLACE (State or Foreign

YEAR

Allegany

U.S.A.

1993

1. DECEDENT'S NAME (First, Middle, Last)

Pages 1, 2, 3 should

use as the

detached

s should be detail

page 5 should notified

9

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medical examiner

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event,

CERTIFICATION

MEDICAL

PHYSICIAN:

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TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

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25. WAS CASE REFERRED TO MEDICAL

hospital or JQ. DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

DIVISION OF VITAL RECORDS, P.O. BOX 68760. L. OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed with. DIRECTOR: After this certificate has been signed by the attending physician and complete hours after death with the State Dept, of Health and Memal Hygiene prior to burial, cremitem 28 is marked, or item 23 shows any Injury, or other traumatic event. E FUNERAL D d within 72 h

F. JOHN NICKEL November 5. SEX 4. SOCIAL BECURITY NUMBER 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year DAYS HOURS 1-4-1927 1 XM 2 - F 216-22-7184 66 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Memorial Hospital Cumberland RESIDENCE OF DECEDENT 10b. COUNTY 10e. STATE 10c. CITY, TOWN OR LOCATION
Mt. Savage Md. Allegany 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21545 P.O. Box 630 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES KOTOAN WAR. 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Nover Married Married If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) State Juvenile Services Supervisor 12 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Virginia Wagner Florian J. Nickel 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Box 630, Mt. Savage, Md. 21545 Joanne Nickel 20 METHOD OF DISPOSITION
1 Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Blate DATE St. Patricks Cemetery 11/18 Mt. Savage, Md. 4 Donation 6 Other (Specify) 21. SHONATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY Durst Funeral Home, Frostburg, Md. 21532 23. BART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fallure. List only one ceuse on each line IMMEDIATE CAUSE (Fine) disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Noncec Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificent conditione contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

CERTIFICATE OF DEATH

HOSPITAL: OTHER: 1 YES 2 NO patient 2 ER/Outpatient 3 DOA ing Home 6 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 6 Pending investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, stc. (Specify) 3 Suicide 281. LOCATION (Street end Number or Rural Route Number, Cltr. or Town, State) a Could not be 4 Homicide 29e. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the time, date and piece, end due to the ceuse(a) end manner as stated.

296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month Day, Year)

26. PLACE OF DEATH (Check only one)

D 23371

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Johnson Heights Medical Bldg., Cumberland, MD 21502 Dr. Oamar Zaman

31. DATE FILED (Month, Dey, Year) NOV 19 1993 32. REGISTRAR'S SIGNATURE

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TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	93	36121
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1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIE			MENTAL	HYGIENI REG. NO.		36124
1. DECEDENT'S NAME (First, Middle, I					MONTH		16,199	3. TIME OF DEATH 3. 5.43 D
4. SOCIAL SECURITY NUMBER 540-26-8743 9a. FACILITY NAME (If not institution,	1 ☑ M 2 □ F	72 YRS.	IF UNDER 1 YEAR NONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE ((Month) OCt.	DE BIRTH Day, Year) 26,19	21	BIRTHPLACE (State or Foreign Country) Oregon
Kent & Queen A RESIDENCE OF DECEDEN 10a. STATE 10b. CC Maryland K	nne's Hospital	I, Inc.	Chester		DEATH		9c. COUNTY	Kent
	ent		lena	. ZIP CODE			10a. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
100. STREET AND NUMBER 31930 SWANTOW. 11. MARITAL STATUS	n Drive	BILLO ADMED	Tan una pro	21635				S.A.
3 Widowed 4 Divorced	FDRCES? 1 X YES IF YES, GIVE WAR OR	B 2 ND DATES	II yes, sp	ecity Cuban, Mexic 2 ND Speci	an, Puerto R			RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Lee	EDUCATION	Iffe. Do NOT use	rk done during mo retired.)	DN ist of working	16b.		INESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Las	lt)	Firema	n	18. MOTHER'S N.	AME (First, N		emical	
Chester Newton			21.1	Susie	e Bell			
198. INFORMANT'S NAME (Type/Print)				and Number or Rural				
Betty Newton	1 20	131930 b. Place and date of		n Drive.	Cale	_		d 21635 or Town, Stata
1 Burial 2 Cremation 3 4 Donation 5 Other (Specify)	Removal from State	metery cremetory of other apitol Cr	enatory	11/17/9	93		er, De	
21. SIGNATURE OF FUNERAL SERVICE	B + 011	2115	Fello	ws Funer	cal Ho			.MD 21651
23. PART I. Enter the diseases, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)	lure. List only one ceuse on	ac acceptance of:	t enter tha mo	da of dying, su	ch aa card	lac or reapi	ratory arreat,	Approximate Interval Between Onset and Deat
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING		i clerch & A CONSEQUENCE OF):	Creant	desiare				20 yar
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (OR AS	A CONSEQUENCE OF):						
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ditiona contributing to death	but not resulting in	the underlyin	g ceuse given ir	Part I.	24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?			26. P	ACE OF DEATH (C	heck only on)		
1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER: Nursing Hon	e 5 Maaldence	6 🗆 Other	(Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)		RY WO	VES 2 NO	28d. DE\$	CRIBE HOW IP	JURY OCCUR	ED
2 Accident Investigat 3 Suicide 8 Could no 4 Homicide determine	28e. PLACE OF INJUF	RY — At home, farm, str			281. LOCA	TION (Street a or Town, State)	nd Number or R	Rural Route Number,
anal	PHYSICIAN: To the best of my kno							wae(s) and manner as stated.
296. SIGNATURE AND TITLE OF CER EUROPE & Delk un	", MD.	B U		29c, LICENSE NU	1400	0		GNED (Month, Day, Year)
14 School Hwse	have , North E	Cast (M)	2190	1				
31. DATE FILED (Mortin, Day, Year)	32. REGISTRAR'S SIG	MATURE Pandell						

71 PK 101

	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.
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	OR.	DIR	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Tel.
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME CERTIFICA	NT OF HEALTH AND TE OF DEATH		HYGIENE REG. NO.	93 36125
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF MONTH	DEATH DAY	YEAR 3. TIME OF DEATH
	Mary Evelyn Nicho				Novem		993 5:17pm M
	4. SOCIAL SECURITY NUMBER		MONT	HOER I YEAR IF UNDER 24 HRS.	7. DATE OF (Month, C	Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	215 20 0027 9e. FACILITY NAME (If not Institution, give str		83 YRS.	SA MERCE CONTRACTOR			Maryland
DIRECTOR	Kent & Queen Anne	,		Chestertown	OEATN		INTY OF OEATH
REC	10a. STATE 10b. COUNTY		10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
	Maryland Ker	nt	Sti	11 Pond		100 CI	LIMITS? 1 YES 2 NO TIZEN OF WHAT COUNTRY?
ER	Post Office Box 63	3 Maple Ave	enue	21667		U.S	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF HISP	ANIC ORIGIN?		14. RACE — American Indian,
BY F	1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuban, Mexi-	can, Puerto Rici	an, etc.)	Black, White, atc. Specify:
	3 X Widowed 4 Olvorced						White
COMPLETED	15. OECEOENT'S EDUC (Specify only highest grade of		(Give kind of work do	one during most of working	16b. KI	IND OF BUSINESS/IN	OUSTRY
7	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT use retire				
M	17. FATHER'S NAME (First, Middle, Last)		Homemak			Domesti	С
	Robert Page Hickma	an				Harbison	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AOOR	ESS (Street and Number or Rura			in Corde)
5	Benjamin Nicholson	1		ple Avenue,			
	2017/METHOO OF DISPOSITION 1 © Burlel 2 © Cremetion 3 © Remo	20b.	PLACE AND DATE OF DISI	POSITION (Name of	DATE		City or Town, State
	4 Donation 5 Other (Specify)	St	etery crematory or other pla	emetery 11-2	1-93	Still Po	nd, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	IN	Fellows - We	FACILITY		
	William L. Ki	ing Ilm		413 W. High			
	23. PART I. Enter the diseases, or co	omplications that caused	the death. Do not an	ter the mode of dving au	ch se cardia	or resolvatory as	met Anneadmet
			Control of	to the mode of aying, as	or an cardia	correspondency as	
	IMMEDIATE CAUSE (Final	lat only one kause on el	ich iin.				Onset and Death
	IMMEDIATE CAUSE (Final		ich iin.				Onset and Death
NOI	immediate cause (Final disease or condition resulting in death)		Consequence of:	trace Teng			Onset and Death
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Chronic DUE TO 100 AS A Resp	Consequence of:				Onset and Death
IFICATION	immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	Oue TO JOH AS A	Consequence of:				Onset and Death
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physical	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to-filled within 20 second and the first with the Cran form of Leasth and Mariel Harden Harden Physician policy to burial committee or second and the Cran form of Leasth and Mariel Harden Physician policy to burial committee or second and the Cran form of Leasth and Mariel Harden Physician policy to burial committee or second and the Cran form of Leasth and Mariel Harden Physician policy to burial committee or second and the Cran form of Leasth and Mariel Harden Physician policy to burial committee or second and the Cran form of the Cran form	be med whalin it industation of them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
that the death certifical	d by the attending phy	ny injury, or other
IN: The law requires t	ficate has been signed	item 23 shows a
ATTENDING PHYSICIA	CTOR: After this certi	28 is marked, or
THE HOSPITAL OR	THE FUNERAL DIRE	APORTANT: If item

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 36126

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTMI	ENT OF HEALTH A	ND MENTAL HYGIEN		36126		
1/2		DECEDENT'S NAME (First, Middle, Last) Richard Earl Pealo			2. DATE OF DEATH MONTH D	2. DATE OF DEATH 3. TIME OF DEATH			
IOR	4. SOCIAL SECURITY NUMBER 073-26-5423	1 🕅 M 2 🗆 F	yrs. lest birthday) IF U	NOER 1 YEAR IF UNDER 24 HB DAYS HOURS		1 0 00	ew York		
	98. FACILITY NAME (If not Institution, give street and number) Washington County Hospital RESIDENCE OF DECEMENT				OF DEATH	DEATH DEC. COUNTY OF DEATH Washington			
DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland Washington Hagerstown					10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
COMPLETED BY FUNERAL	501 Chestnut Street			101. ZIP CODE 21740		10g. CITIZEN OF WHAT COUNTRY? USA			
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 A YES IF YES, GIVE WAR OR DAT	J.S. ARMED 2 ND ES		HISPANIC ORIGIN? (Specify Yer Maxican, Puerto Rican, etc.) Specify:	8	ACE — American Indian, lack, Whita, atc. Descity: White		
	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 years 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Carpenter 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Carpenter Construction								
BE CON	17. FATHER'S NAME (First, Middle, Leat) Earl Adophus Pealo 18. MOTHER'S NAME (First, Middle, Maiden Surreme) Mildred Price								
10	Nellie E. Peal)	501 Ches	Strut Street and Number or	Rurel Route Number, City or Tow Hagerstow				
	20a. METHOD OF DISPOSITION 1 % Burlel 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 21. Donation 6 Other (Specify) 22. NAME AND ADDRESS OF FACILITY, Gerald N. Minnich 23. Name And Address of Facility, Gerald N. Minnich 24. Name And Address of Facility, Gerald N. Minnich 25. No. Potomac Street								
-	23. PART I. Enter the diseeses,	or complications that caused	ch	Funeral Hom	ne Hage	erstown	, Maryland		
	ahock, or heart fallu iMMEDIATE CAUSE (Final disease or condition resulting in death)	re. Liet only one cause on eed	i homo		9		interval Between Onset end Deeth		
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SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 ND 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)								
ву РНУ	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF Sec. INJURY AT WORK? 1 Naturel 5 Pending 28d. DESCRIBE HOW INJURY OCCURED M 1 VES 2 ND								
	2 Accident Investigation 3 Sulcide 6 Could not be determined 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLETED	29a. CERTIFIER (Check only one) 1 SECRTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.								
TO BE C	96. SIGNATURE AND TITCE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Out. Year) 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
-	30. NAME AND ADDRESS OF PERSON 2 2 0 0 31. DATE FILED (Month, Day, Year)	ntova 1	YD Q	1740					
	NOV 2 2 1993	James Danison Ram	0.0	/	1 6				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within Tours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Page filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	IO.		
	1. DECEDENT'S NAME (First, Middle, Last)	DALLIED				2. DATE OF GEATH NOV. 13,	PM o 2	YEAR 12:05 A.	
	DAVID MITCHELL 4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)						
	216-88-9890	1 M 2 G F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) JULY	967	Maryland	reign
	9a. FACILITY NAME (If not institution, give a	itreet and number)	9	b. CITY, TOWN	OR LOCATION OF D			Y OF DEATH	
DIRECTOR	2-4 S. Main St.			Smi	thsburg		Wash	ington	
EC	10a. STATE 10b. COUNT			TOWN OR LOCA				10d, INSIDE CITY	
	Maryland Wash	ungton	Sm	ithsbu	rg		LIMITS?	NO	
FUNERAL	2-4 S. Main St.			21783			10g. CITIZI	USA	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp		NIC ORIGIN? (Specify an, Puerto Rican, etc.) y:	Yes or No— 14. RACE — American Indian, Black, White, stc. Specify: White		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	SUAL OCCUPATI	ON ast of working	16b. KINO OF I	BUSINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of world life. Do NOT use in Mechanic	4440		Auta	mobile		
OME	17. FATNER'S NAME (First, Middle, Last)		Mechani		18. MOTNER'S NA	ME (First, Middle, Maid			
BE C	Ralph D. Palmer,	Jr.			Mary C		,		10
TO B	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or 1			
-	Ralph Palmer, Jr.					ox 7 Smit	0,		
	20e. METNOD OF DISPOSITION 1		PLACE AND DATE OF			3-93 Sm	iths bw	ty or Town, State	
	21. SIGNATURE OF FUNERAL BERVICE LIC		L.	22. NAME A	ND ADDRESS OF FA	CILITY			
	nami	X. TO	evo				ithsbw	19.MD 21783	
	23. PART*I. Enter the diseases, presence, or heart feiture. IMMEDIATE CAUSE (Final disease or condition reaulting in death)	a. CARD DUE TO (OR AS A	OPULM CONSEDUENCE OF):	ONAR	y ARR		piratory arre	Approxima interval Be Onset and	etween
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEDUENCE OF):	DISEA	X				
ERT	resulting in death) LAST	d							
MEDICAL C	PART II. Other algorificant condition		RITION	the underlyin	g cause given in	PERF	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINANCIA MANILABLE PRIOR COMPLETION OF COF DEATH?	TO AUSE
AN	25. WAS CASE REFERRED TO MEDICAL								
Sici	EXAMINER 1 YES 2 NO	HOSPITAL:		THER:	LACE OF DEATH (Ch				-
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TIME (OF 28c, IN.	JURY AT	6 Other (Specify) 28d. DESCRIBE NO	W INJURY OCCU	RED	-
ВУ Р	Netural 5 Pending Investigation	(Month, Day, Year)	INJUF	M 1 🗆	YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec		et, factory, offic		28f. LOCATION (Stre City or Town, Str		r Rurel Route Number,	
COMPLETED	anni am	ICIAN: To the best of my know ER: On the basis of examination							lated.
	296. SIGNATURE AND TITUE OF CERTIFIE	n'		-	29c. LICENSE NU	MBER	29d. DATE	SIGNED (Month, Day, Year)	-
38 C	RY	augu i	11		D415	55	D /1	117193	4.5
10	30. NAME AND ADDRESS OF PERSON WHE	3019 / 1	ATH (ITEM 27) (Type, P		25/11	KE. MA	2,74	3	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN			ROTTE	A. MAL	AUTT.		-
	MUN 2 5 199	3 Julia Dams	ism-Randard						

31. DATE FILED (Month, Day, Year)

MON 9 4 1993

32. REGISTRAR'S SIGNATURE

	1 - STATE REGISTRAR	STATE OF MARYL		ICATE OF		MENTAL HYGIEN REG. NO		30120
13	1. DECEDENT'S NAME (First, Middle, Last)		effent.			2. DATE OF DEATH DON'TH DON'TH		3. TIME OF DEATH
	24 2		(In yrs. lest birthday) 76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 14,	1917 Man	ATHPLACE (State or Foreign untry) Tyland
	Sa. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY OF	DEATN
DIRECTOR	Washington County Hospital Hagerstown Washington							
S	RESIDENCE OF DECEDENT							
P P	Maryland Washi	ington	1	Hagersto	wn			LIMITS?
AL	10e. STREET AND NUMBER			10	f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
KER	1146 Louton Lane				21740			JSA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 KWidowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:		ACE — American Indian, leck, White, etc. pocify: hite
COMPLETED	1s. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of life. Do NOT u	2000 A. P. C.			SINESS/INDUSTRY	
MP	3	0	cond	crete			truction	1
BE CO	17. FATHER'S NAME (First, Middle, Lest) Herbert Alonso Po	offenberger			Ida N	ME (First, Middle, Melden layhew		
101	19a. INFORMANT'S NAME (Type/Print) Connie McGowan					Acute Number, City or Town		
	20a. METNOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remov 4 Donation 8 Other (Specify)	val from State 200	b. PLACE AND DATE	OF DISPOSITION (No	_{eme of} rial Parl	OATE 20c. LO	CATION — City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE		22. NAME A	NO AOORESS OF FA	CILITY	SCISLOWI	, Haryland
	1500 A	m	10001		ICH FUNER			W1 017/
	23. PART I. Enter the diseases, or co	emplications that cause	d the death. Do	not enter the mo	ode of dying, auc	h as cardiec or rasp	ratory arrest.	m, Md. 2174
	ahock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (OR AS A CONSEQUENCE OP)							
NO	Sequentially list conditions, 6.	DOE TO (OR AS	A CONSEQUENCE O	Ja	1 line			
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Sen	Arcan		× .			
FIC	CAUSE (Disease or injury c. that initiated events	DUE TO (DE AS	A CONSEQUENCE O	m a				
FF	reaulting in death) LAST							
MEDICAL CI	PART II. Other aignificant conditiona Para Cyon	/	but not resulting	in the underlyin	ng couse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Duedas	rel Div	content	4			d Foil	1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	patient 3 DOA	OTHER:	LACE OF DEATN (Ch	8 Other (Specify)		
	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TII		JURY AT ORK?	26d. DESCRIBE HOW	NJURY OCCUREO	
ВУ	2 Accident Pending	,, -5,			YES 2 NO		70" 1-1	
8	3 Suicide 8 Could not be 4 Homicide determined	28a. PLACE OF INJURY building, etc. (Spe	Y — At home, farm, icify)	street, factory, offic	ca .	281. LOCATION (Street City or Town, State)		al Route Number,
COMPLET	Carella Comp	IAN: To the best of my know						
8		On the bagin of exemination	on and/or investigati	or, in my opinion, (
BE	29b. SIGNATURE AND TITLE OF CENTILE ER	AL	h	nd	29c. LICENSE NUI	MBER	29d. DATE SIGN	IED (Month, Day, Year)
2	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	EATH (ITEM 27) (No	e, Print)	10	12/	, , ,	3/93

760, BALTIMORE, MARYLAND 21215-0020	ed with:	sompletely filled in by the funeral director, page 5 should be detached for use as the burial-tal, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with:	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-to filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

THOMAS C. Hi

6

	1. DECEDENT'S NAME (First, Middle, Last)				1)	E OF			. DATE OF DEATH			TIME OF DEATH
		FRANK	EARL		10.	0/5			MONTH D		EAR 3	0337
	4. SOCIAL SECURITY NUMBER 723 – 18 – 8028	5. SEX			Month, Dey, Year)		BIRTHPL Country	ACE (State or Foreign VIRGINI+				
OR	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COU								9c. COUNT	Y OF DEA		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN	OR LOCATION	ON				1	Od. INSIDE CITY
		COMICO		SA	LISI	BURY					1	TES TO NO
FUNERAL	10e. STREET AND NUMBER					-	ZIP CODE					AT COUNTRY?
ÿ	614 DOUGLAS 9						2180				S.A.	
BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDEN FORCES? 1	TEVER IN U.S. AI		13.	WAS DECE	city Cuben,	HISPANIC Mexican, i Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No 14	Black, \ Specify:	- American Indian, White, etc.
	15. DECEDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL C	OCCUPATION	N		16b. KIND OF BUS	SINESS/INDUS	TRY	WILLE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +		HYSI			t of working		MEDI	CINE		
BE CO	17. FATHER'S NAME (First, Middle, Last) ERNEST WILLIA	AM POOLE	5				18. MOTHE	ECC1	(First, Middle, Malden A CHENOV	Sumamo)		
190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							21801					
	20a. METHOD OF DISPOSITION 1 Deviate 2 Cremation 3 Rem 4 Denation 5 Other (Specify)	ovel from State	20b. PLACE	AND DATE	OF DISPO	SITION (Nem	ne of	Cas		CATION — CH	*	
	21. SIONATURE OF FUNERAL SERVICE LIC	CENSEE	LJPK.	11971	22.	NAME AND	DADDRESS	OF FACIL	12-14 #8	_D KUN	, טויו ,	
	Muld a	Rose	(me)	/		011110	0 511		44 11046		00111	2.11 4.2
_	23. PART I. Enter the diseases, or o	amplications the	inc	5	B	<u>OUND.</u>	S FU	NERI	AL HOME,	SALL.	SBUT	
	shock, or hasrt fallure.	List only one cau	se Dn each lin	eath. Do r e.	iot ente	r the mod	e or ayıng	g, auch a	is cardiac or respi	ratory arres	it,	Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	Ch.	ni I	. 1		PI			7			Onset and Death
	resulting in death)	DUE TO	OR AS A CONSE	YU-CT	1V 8	lul	MONG	rry	Diseas	e		pars
_												1
ᅙᅵ	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	F):							
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or Injury	с										
	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):							
#		d										
-	PART II. Other significant condition	s contributing to	death but not	resulting	In the u	nderlylng	cause giv	ren In Pa				ERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	COR Pulmono	ile							PERFOR		0	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
										4.		YES 2 NO
ż												
딍	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					CE OF DEA	TH (Check	only one)			
Ž	1 TYES 2 X NO	1 Inpetient 2	ER/Outpatient	3 🗆 DOA	4 Nu		5 🗆 Resid	dence 6 [Other (Specify)			
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Year) INJURY				26c. INJU WOR	IK?		ed. DESCRIBE HOW I	NJURY OCCU	RED	
B	2 Accident investigation 3 Suicide & Could not be	28e. PLACE O	F INJURY — AI h	ome, farm, s			YES 2 NO NO				Burnt Bou	to Mumber
	4 Homicide 6 Could not be determined	building,	etc. (Specify)						City or Town, State)		1101211102	e reconstant
" 1								_				
COMPLETED	290. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge d	eath occurre	ed at the	time, date -	and place a	nd due to	the cause(s) and ma-	mar an atata-d		

29d. DATE SIGNED (Month, Day, Veer)

► 11-13 - 1993 Fromas C Help. Att. Physiciau
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)
THOMAS C. HILL Tiz 108 PINE BLUFF 08008 SHUSBURY 21801 p2. REGISTRAR'S SIGNATURE which Lavidson Randelle DHMH-16 Rev 1/89 The Assessment of the State of

STATE REGISTRAR

6
BOX 68760
BOX
P.O.
ORE
RECORDS,
VITAL
I OF
ISION
(3)

Virginia 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PENINSULA REGIONAL MEDICAL CENTER WICOMICO SALISBURY 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Wicomico Salisbury 1 - YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 27901 Riverside Dr. 21801 USA after death. Page 6 may be retained by the hospital or attending physician 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify: 3 Widowed 4 Divorced white COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe jo Elementary/Secondary (0-12) College (1-4 or 5+) detached 0 engineer 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) page 5 should be 듇 Andrew (unk) (unk) Parks Crockett BE Carrie notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 P.O. Lillian D. Parks Box 217, Fruitland, MD 21826 pg 20g METHOD OF DISPOSITION
1 🖾 Burlal 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE director, 1 must Springhill Memory Gardens 11/26 Hebron, MD examiner 21. SIGNATURE OF FUNERAL MERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY the funeral Holloway Funeral Home filled in by the fion, or removal. 501 Snow Hill Rd., Salisbury, MD 21801 medical 23. PART I Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximata 24 HOURS shock, or heart fallure. List only one cause on each if interval Between IMMEDIATE CAUSE (Final Onset and Desth the disesse or condition cremation, has been signed by the attending physician and completely 'Dept. of Health and Mental Hygiene prior to burial, crematic n. 23 shows any Injury, or other traumatic event, the within resulting in death) executed CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING certificate CAUSE (Disease or injury that initiated events we resulting in death) LAST the death PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO that COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 NO WE 25. WAS CASE REFERRED TO MEDICAL PHYSICIAN: The 26. PLACE OF DEATH (Check only one) Item TO THE HOSPITAL OR ATTENDING PHYSICIAN: The TO THE FUNERAL DIRECTOR: After this certificate the filed within 72 hours after death with the State IMPORTANT: If Item 28 is marked, or Item HOSPITAL:
1 Sinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Rasidence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide COMPLETED 8 Could not be 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined 29s. CERTIFIER
(Check ank)

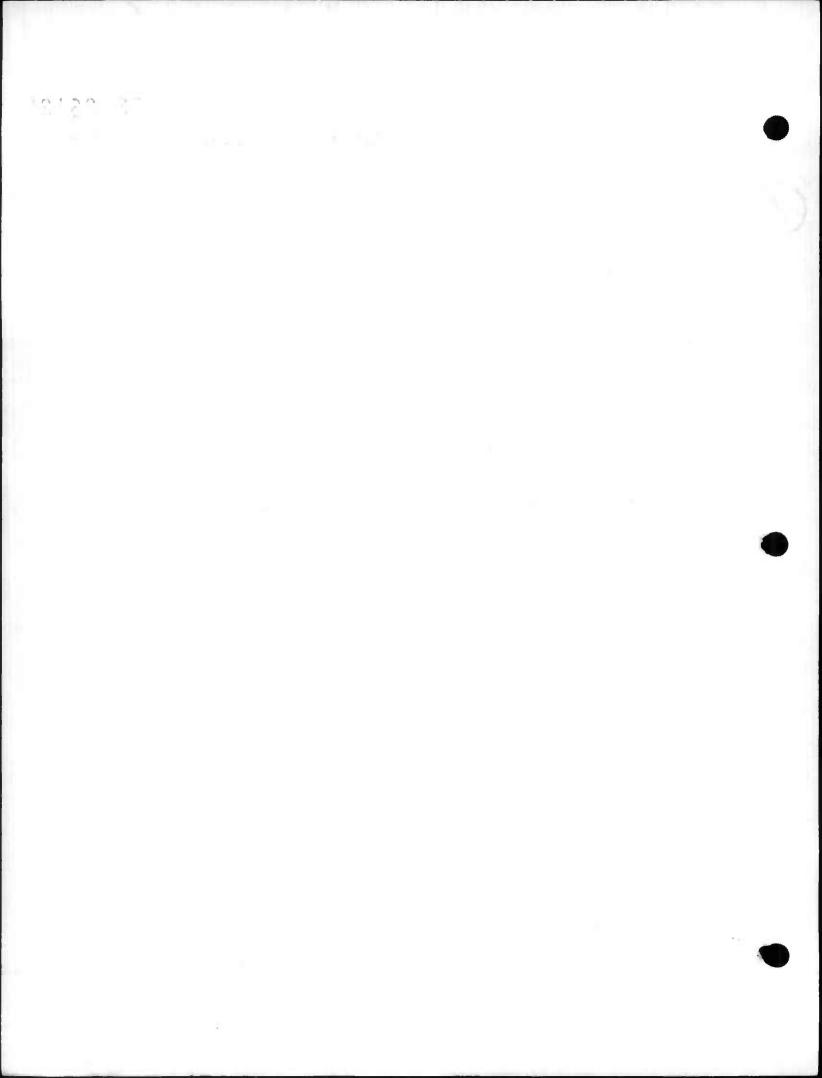
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atsted. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIE BE 29c, LICENSE NUMBER 29d. DATE SIGNED (Month, Day, 13053 124/93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Horner William 100 lower Street, Sal. md 31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE guis Daydson-Randell NUV 26

REG. NO. I. DECEDENT'S NAME (First, Middle, Last) JOHN LEWIS N DYGMER 24 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year HOURS 1 XM 2 F 057-12-6565 79 YRS. June 11, 1914

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DHMH-16 Rev 1/89



4. SOCIAL SECURITY NUMBER

221 07 4638

DORIS

Se. FACILITY NAME (If not institution, give street and number)

5. SEX

PENINSULA REGIONAL MEDICAL CENTER

1 - M 2 XF

IF UNDER 1 YEAR

IF UNDER 24 HRS.

96. CITY, TOWN OR LOCATION OF DEATH

SALISBURY

POWELL

8. AGE (In yrs. last birthday)

77

YEAR

93

9c. COUNTY OF DEATH

WICOMICO

3. TIME OF DEATH

1800

8. BIRTHPLACE (State or Foreign Country)
DE.

2. DATE OF DEATH MONTH

11 -

7. DATE OF BIRTH (Month, Day, Year) 4-4-1916

DIVISION OF VITAL RECORDS, P.O. BOX 68760,
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIREC		UNTY 1SSEX		Delma	ar			116		1 (1. INSIDE CITY LIMITS? YES 2 XNO
FUNERAL	100. STREET AND NUMBER 101. ZIP CODE 109. CITIZEN O Rt.#2 Box 301 19940 USA									COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 _ IF YES, GIVE WAR	YES 2 X	RMED NO	If yes,	ECENDENT OF HISPA specify Cuben, Mexic ES 2 NO Spec	an, Puerto				
ETED	15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 8+)	(0	Be. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working tile. Do NOT use retired.)			168	166. KIND OF BUSINESS/INDUSTRY			
COMPL		2	Н	omemak	er			Home			
ECC	17. FATHER'S NAME (First, Middle, Last Jacob Hanby	,				18. MOTHER'S N		Middle, Meiden : 111ste:	,	hv	
0	190. INFORMANT'S NAME (Type/Print)		19	b. MAILING ADI	DRESS (Stree	t end Number or Rural				7	
2	Paul M. Powell					301 Delma					
	26a, METHOD OF DISPOSITION 1 \(\times \) Burlel 2 \(\times \) Cremetion 3 \(\times \) 4 \(\times \) Donation 8 \(\times \) Other (Specify)	Removal from State	20b. PLACE cemetery, co ODD I	AND DATEOFDI ematory or other I FELLOWS	SPOSITION CEME	Name of TERY	11-	26 La		De.	State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Short Windsor Disharoon Funer P.O. Box 678 Laurel, De. 199										lome, Ind
	23. PART I. Enter the diseases, shock, or heart fells	or complications that cure. List only one cause	ceused the de on each line	eeth. Do not o							Approximate Interval Betwee Onset and De
	disease or condition resulting in death)	a. Cor	6 FITIZ	IE h	EAR	TFA	1246	BE			DAYS
NC	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									YRS.	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	R AS A CONSE								
MEDICAL C	PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause give						Part I.	24a. WAS AN PERFORI	MED?	CO OF	RE AUTOPSY FINDINGLABLE PRIOR TO MPLETION OF CAUSDEATH?
											3 120 2 3 110
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		m	26. THER:	PLACE OF DEATH (C	heck only or	ne)			
IXSI	1 VES 2 NO	1 ⊠ Inpetient 2 □ E		DOA 4	☐ Nursing H	ome 5 Residence		17 77			
PHY	1 Natural 5 Pending	28e. DATE OF IN (Month, Day,	Year)	28b. TIME OF		NJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW IN	JURY OCC	URED	
TED BY	2 Accident Investigat 3 Suicide 8 Could no 4 Hornicide determine	28e. PLACE OF I building, etc	INJURY — At he c. (Specify)	ome, ferm, stree				CATION (Street e or Town, State)	nd Number (or Rural Route	Number,
COMPLETE	onel	HYSICIAN: To the best of m									d manner ee state
E CC	296. SIGNATURE AND TITLE OF CERT					29c. LICENSE NU	-				onth, Day, Year)
0	Dennis	& Chap	lnu	ha .		020	912		•	11/19	23/93
5	30. NAME AND ADDRESS OF PERSON DE NA 1073 C	WHO COMPLETED CAUSE		M 27) (Type, Prin	-	Sto SAI	iche	IV	rd ?	2180)	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	1		210	12.50	3		- 1001	
	NOV 2 9 1993	Suha David	bon-Ran	della							

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and the second s		INTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
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	rtion	the
-	d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	rent,
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	hour	Item
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_	1 - STATE REGISTRAR		ICATE OF		REG. NO.	_				
	1. DECEDENT'S NAME (First, Middle, Leat) CARL HUG			TOFEE	2. DATE OF DEATH DECEMBERO		3. TIME OF DEATH 9:30 P. M			
	577-01-2067 5€33€ 2 □ 1 92	2067 SCXM 2 F 92 YRS. MONTHS DAYS HOURS MIN. (Morth, Day, Year) 92 YRS. NOV. 23 1901 N.Y.								
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) 14755 BANKS-O-DEE ROAD (RESIDENCE) 96. COUNTY OF DEATH NEWBURG 96. COUNTY OF DEATH CHARLES									
S	10e. STATE 10b. COUNTY	10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY			
	MD Charles	wburg	of, ZIP CODE		1 YES 2 NO					
FUNERAL	14755 Banks O'Dee Rd.			20664		U.:	OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES7 1 YES 2 IF YES, GIVE WAR OR DATES	2 XNO	II yes, s	CENDENT OF HISPAN pecify Cuben, Maxica \$ 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White			
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)		USUAL OCCUPATI		16b. KIND OF BUS	INESS/INDUST	RY			
COMPLE	Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	ement	od o worning	C& P	Teleph	none Co.			
BE CO	17. FATHER'S NAME (First, Middle, Lest) John Edward Carl Portofee				ME (First, Middle, Maiden arie Lau		Portofee			
TO B	100. INFORMANT'S NAME (Type/Print) Eileen Portofee	196. MAILING	ADDRESS (Street Banks	and Number or Rural F	Route Number, City or Town	n, State, Zip God	20664			
	Eileen Portofee 14755 Banks O'Dee Rd. Newburg, MD 2066 20a. METHOD OF DISPOSITION 1									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	-		ND ADDRESS OF FA	CILITY					
	9 0 0 0	0945	LaP1	ata MD	OLS FUNE		OME, INC.			
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each	e death. Do n	ot enter the mo	ode of dying, suci	h as cardisc or respi	retory srreat,	Approximate Interval Between			
	IMMEDIATE CAUSE (Final disease or condition						Onset and Death			
	resulting in death) a. Due to (or as a co	Casi	090							
NO	Sequentially list conditions b.									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	INSEQUENCE OF	ን:							
TIFIC	CAUSE (Disease or Injury that Initiated events resulting in desth) LAST	NSEQUENCE OF	7):							
liii l	d									
	PART II. Other significent conditions contributing to death but n	not resulting i	n the underlyin	g ceuse given in	Part I, 24s, WAS AN		24b. WERE AUTOPSY FINDINGS			
DICAL					PERFOR		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
M							1 YES 2 NO			
ä										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 HOSPITAL: 1 Input lent 2 FR/Output lent 1 Input lent 2 FR/Output lent 2 FR/Output lent 1 Input lent 2 FR/Output lent 1 Input lent 2 FR/Output lent 1 Input lent 2 FR/Output lent lent lent lent lent lent lent len		OTHER:	LACE OF DEATH (Che						
H	1	28b. TIMI		JURY AT	6 Other (Specify) 28d. DESCRIBE HOW IN	HIRY OCCUPE	in.			
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJ	JRY WO	YES 2 NO	Edd. DEGGMOE HOW I	JOHN GOODNE				
	3 Suicide 8 Could not be building, etc. (Specify)	At home, farm, s	treet, factory, offic	:0	281. LOCATION (Street a City or Town, State)	nd Number or Ri	ural Route Number,			
1 2	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge	e, death occurre	d at the time, data	and place, and due	to the cause(a) and man	ner sa steted				
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of axamination and						use(s) and manner as stated.			
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUM	BER	29d. DATE SIG	NED (Month, Day, Year)			
2	20 WAME AND ADDRESS OF STREET	1		D-25992		12	12/03.			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF TEATH KHADAR BAIG, MD. 18 N. HICHWAY 30	1 P.Q.	Print) BOX 190	LA PLATA	, MARYLAND	20646				
	31, DATE FILED (Month, Day, Your) DEC 02 1993 32. RECISTRAR'S SIGNATUR Fulia Davidson	- Andel	2.							

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s arrer or	by the 1	emoval.
4 noun	filled in	In. Or r
UTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. I	CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	crematio
xecuted	and con	burial.
are be e	ysician	prior to
Cerding	ding ph	-Ivgiene
e dearn	he atter	Vental
mat m	d by ti	and I
Julies	signe n	Healt
aw re	as beer	lent. of
The	cate h	State D
SICIAL	certifi	h the
C PHY	er this	th with
ENDIN	R: Aft	her dea
5	E	at a

14+

	FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPAR CERTIF	RTMENT OF			ITAL HYGIEN REG. NO.	_	3 36133
	1. DECEDENT'S NAME (First, Middle, Last)	rteit	Frederick	Pfeif	fer		OATE OF OEATH	4 9	3. TIME OF DEATH 959 PM
	4. SOCIAL SECURITY NUMBER 226 44 7907	5. SEX 6. A	GE (In yrs. last birthday) YRS.	MONTHS DAY		MIN.	Month, Day, Year)		BIRTHPLACE (State or Foreign Country) [ashington DC
	9a. FACILITY NAME (If not institution, give st	reet and number)	02	9b. CITY, TOY	VN OR LOCATI	ON OF CEATH	cy 0,131	9c. COUNTY	
0 8	Charlotte Hall V	eterans Ho	me		lotte			St Ma	ary's
ᇣ	10a, STATE 10b, COUNTY	,	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY
DIRECTOR	Maryland Calv	rert		Port R		ic			LIMITS? 1 ☐ YES 2 ☑¶IO
FUNERAL	100. STREET AND NUMBER 1661 Aspen Road				101. ZIP COD 2067			10g. CITIZEN	OF WHAT COUNTRY?
2	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED				RIGIN? (Specify Yea erlo Rican, atc.)	or No- 14	. RACE - American Indian, Black, White, etc.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	WWII-reti	R DATES		YES 2 X NO				Specify: White
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S	USUAL OCCUP work done during se retired.)	PATION most of worki	ing	16b. KINO OF BUS	SINESS/INOUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	US Mari				Music	rian	
N	17. FATHER'S NAME (First, Middle, Last)				-	HER'S NAME (irst, Middle, Maiden		
	William H. Pfeiff	er			100		Brueh1	Gurranney	
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (Str	eet and Numbe	r or Rural Route	Number, City or Tow	n, State, Zip Co	ide)
2	Martha R. Pheiffe	r	P.O.	Box 15	8 Port	Repub	lic Mary	land 2	20676
	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Rem	oval from Stata	20b. PLACE AND DAT of cemetary, cremator	y or other place)		11/2	9/93		y or Town, Stata
	4 Donation 5 Other (Specify) 21, SIGNATURE OF FUNERAL SERVICE LIC	PENEEE	Arlington			metery	ALI		Virginia
	21. SIGNATURE OF POWER LE SERVICE EN	CHOCK					Naus		neral HOme P.A
	Dijau	DC C		4405	Broom	nes Is.	Rd. Por	t Repu	ablic Maryland
	23. PART I. Enter the diseases, pro shock, pr heart fellure.			not enter the	mode of dy	ring, such as	cardiac or reap	iratory arres	Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Multipue TO (OR	Ple In	fare	11 4)eme	entia		Onset and Death
z		ca	Spira	tion					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	PF):					
\ <u>8</u>	ceuse. Enter UNDERLYING CAUSE (Diseese or Injury	c							
[필]	that initiated events	DUE TO (OR	AS A CONSEQUENCE (OF):					
浜	Total and a south party	d							
اندا	PART II. Other significent condition	a contributing to dea	th but not resulting	in the under	lying ceuse	given in Pari	I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICA							1 TYES 2		COMPLETION OF CAUSE OF DEATH?
ME									1 YES 2 NO
0.0									
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF I	DEATH (Check o	nly one)		
YS	1 TYES 2 NO	1 Inpetient 2 ER					Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Day, Y	URY 28b. Til	JURY	WORK?		1. DEŞCRIBE HOW	INJURY OCCU	RED
BY	2 Accident Investigation	28e PLACE OF IN	JURY — At home, ferm.				LOCATION /Street	and Number or	Rural Route Number,
TED	3 Suicide 8 Could not be 4 Homicide determined	building, atc.	(Specify)		0.1100		City or Town, State,)	The art to get of the thoon,
PLET	[DIRECT OTT)	ICIAN: To the best of my	knowledge, death occu	red at the lime,	data and plac	e, and due to the	ne cause(a) and me	nner as stated	
COMPI	emai	ER: On the basis of axemi	nation and/or investigat	lon, in my opini	on, death occu	ured at the time	, data and place, as	nd due to the	cause(s) and menner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LIC	CENSE NUMBER		29d, DATE S	BIGNED (Month, Day, Year)
0 8		4			0	296	5	1/	-24.93
	30. NAME AND ADDRESS OF PERSON WI-	O COMPLETED CAUSE O	F DEATH JITEM 271 / Ser	ar Prints					

31. DATE FILEO (Mogth

WHO COMPLI

OHMH-16 Rev 1/89

BALTIM	LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pane
AL	death
8	after
	hours
	24
30,	within
N OF VITAL RECORDS, P.O. BOX 68760,	patric
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DIVISION	END
118	ATT
5	OR
_	-

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detacthed for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (MONE) 97993

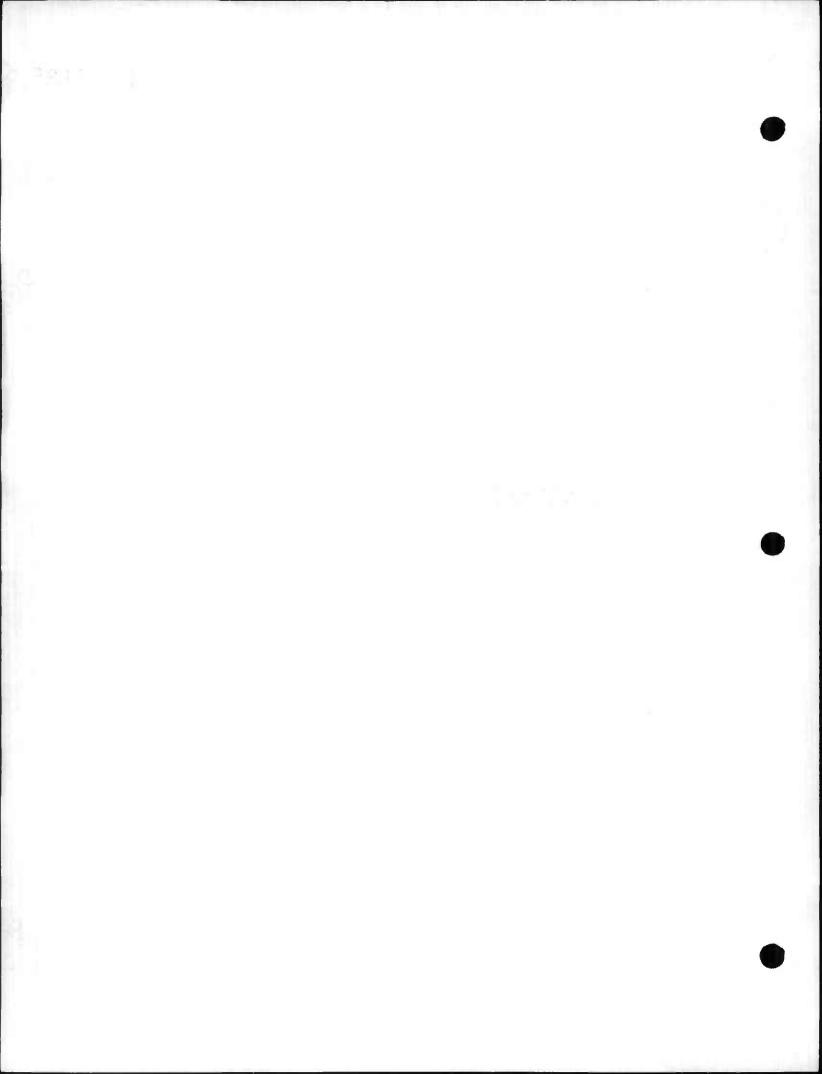
	Arretta	Reid					2. DATE OF DEATH		YEAR	45 a
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lasi birthday)	IF UNDE	DAYS	IF UNDER 24 HR	(Month, Day, Year	1)	B. BIRTHPLACE Country)	(State or Foreign
220-18-1096 9a. FACILITY NAME (# not institution, g 13804 Big Po	ive street and number)	70	THO.	9b. CIT	y, town o	on Location of r Spri	3-14-1 F DEATH ng.	9c. COUNT	y of DEATH	D.
RESIDENCE OF DECEDENT							0,			
10a. STATE 10b. COI	hington				OR LOCA	ring.			L	NSIDE CITY
10e. STREET AND NUMBER	II LII COII		O I	ear	_	r. ZIP COOE		10a, CITIZE	EN OF WHAT C	YES 2 NO
13804 Big P	ool Rd.					21722			S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. 1 YES 2 TWAR OR DATES	ARMEO NO	13	If yes, sp	CENDENT OF HIS	PANIC ORIGIN? (Specify xlcan, Puerto Rican, etc., ecify:		4. RACE — Am Black, White Specify:	erican Indian,
15. DECEDENT'S		16a.	DECEDENT'S	USUAL	OCCUPATION	ON		BUSINESS/INDU		117.00
(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5	+) I	(Give kind of life. Do NOT us LOMEM	se retired.)	ost of working	Hom	е		
17. FATHER'S NAME (First, Middle, Last)						18. MOTNER'S	NAME (First, Middle, Mai	den Surname)		
John Allen R	ерр					Lill	ie May	Snyder		
19a. INFORMANT'S NAME (Type/Print)	a		196. MAILING				ral Route Number, City or		,	
Kent B. Rei	a.		CEAND DATE				d. Clear	Sprin LOCATION - CI		
23. PART I. Episy the diseases, whick, or heart failu iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Kerat	uae on eech i	squan	not ente	r the mo	ode of dying,		apiretory arres	et,	Approximate nterval Batwonset and Date 8 month
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	O (OR AS A CON	SEQUENCE O	F):						
PART ii. Other eignificent condi	tions contributing to	death but no	ot resulting	in the u	nderfyin	g cause given	PER	AN AUTOPSY FORMED?	AMAILA	AUTOPSY FINDIN BLE PRIOR TO LETION OF CAUSI ATH?
		-							111.7	ES 2 NO
						LACE OF DEATN	(Check only one)			
25. WAS CASE REFERRED TO MEDICA EXAMINER?			3 🗆 DOA	OTHE			ce 6 Other (Specify)			
EXAMINER?	HOSPITAL:			E OF 26c. INJURY AT				28d. DESCRIBE HOW INJURY OCCURED		
EXAMINER? 1	HOSPITAL: 1 Inpatient 2 26a. DATE O (Month,		26b. TiM	IE OF JURY M	WO	DRK?	28d. DESCRIBE HO	W INJURY OCCU	RED	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural	HOSPITAL: 1 Inpatient 2 26a. DATE O (Month, on 28e. PLACE building	F INJURY	26b. TiM	M	1 🗆 1	YES 2 NO	261. LOCATION (Sin City or Town, Si	eet and Number o		imber,

29b. SIGNATURE AND TITLE OF CERTIFIER

NEW COLUMN DI HOYE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 11/29/93 DO1062 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print) Edward W. Ditto, III, M.D. 217 W. Washington Street Hagerstown, MD. 32. REDISTRAR'S SIGNATURE DHMH-16 Rev 1/89 15177 9

•	-	13
BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physicien. The filed in by the funeral director, page 5 should be detached for use as the burial-transit per properties.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per the first within the Creat form of the first with the Creat form of the first with the Creat form of the first within the Creat form of	De mou won in 72 nous are used with the same cept. Or regula and mental righers produce under the medical examiner must be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR		CE	RTIF	CATE OF	DEATH	RI	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	EATH			3. TIME OF DEATH	,
- 2	Michael Jason RA	FTER					Novem			FPP1	est. after	1
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	HTTH	10,	0. BIRTH	PLACE (State or Foreign	_
	217-04-8999	1 🕱 M 2 🗆 F	21	YRS.	MONTHS DAYS	HOURS MIN.	April		1072	Country	aryland	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF		20,		TY OF DE	-	
Œ	17313 Amber Driv					erstown	DEATH			shin		
6	RESIDENCE OF DECEDENT				Hage	TOCOWII			wa.	SHIII	gton	
Ĕ	10a. STATE 16b. COUNT	Y		10c. CFT	Y, TOWN OR LOCA	TION					10d, INSIDE CITY	_
5	Maryland Wash	ington		H	agerstov	m					LIMITS?	
7	10e. STREET AND NUMBER				10	f. ZIP CODE		_	10a, CITI	ZEN OF W	HAT COUNTRY?	_
1	17313 Amber Driv	e				21740				US		
BY FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13 WAS DEC	ENDENT OF HISP	ANIC ODIGINS (S-	nodly Von	or Mo		- American Indian.	_
正	1 🗷 Never Married 2 🗋 Married	FORCES? 1	YES 2 N		If yes, ap	ecity Cuben, Mexic	can, Puerto Rican	, etc.)	or No-	Black	, White, etc.	
B	3 Wildowed 4 Divorced	IF YES, GIVE W	AH OH DATES		1 U YES	2 🔀 NO Spec	offy:		- 1	Spec#		
	15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCUPATI	ON	16b, KINI	D OF BUS	SINESS/IND			_
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	(G/	ve kind of v Do NOT us	vork done during me e retired.)	ost of working						
리	12			stud	ent							
S	17. FATHER'S NAME (First, Middle, Last)		1.			18. MOTHER'S N	IAME (First, Middle	Maiden	Sumamel			_
BE COMPLETED	Jerry Lee Rafter						Donna					
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street)	and Number or Run				Cords		_
2	Jerry L. Rafter					Dr., Ha						
	20a. METHOD OF DISPOSITION				OF DISPOSITION (N		DATE		CATION —		Ctata	
	1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cametery, crei	matory or of	her place)	ial Par	L 11_26	II a			- Carrier	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Ceda	т па	-				gers	LOWIL	, Maryland	_
	N XX	MA	7			CH FUNE						
	- Ceal	101	Umne	uk	415 E	. Wilso	n Blvd.	, Ha	gerst	town	Md. 21740	0
l l	23. PART I. Enter the diseases, or shock, or heart failure.	complications that	caused the de	ath. Do n	ot enter the mo	de of dying, su	ch as cardiac	or respi	ratory arr	est,	Approximats	
- 1	IMMEDIATE CAUSE (Final	List Only One Cau	se Dii esch iine.	•							Onset and Deat	
	disease or condition .	· Overdos	o of Imi	nram	ino						1-3 hour	
	resulting in death)	a. Overdos	OR AS A CONSEC	DENCE OF	J:						1-3 11001	5
z		b.									1	
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO	OR AS A CONSEC	UENCE OF	7:							
3	CAUSE (Disease or injury	с										
E	that initiated events	DUE TO	OR AS A CONSEC	WENCE OF	7:							
H	resulting in death) LAST	d										
0	PART II. Other significant condition	a contributing to	death but not n	egultino i	n the underlyin	a causa alima t	Boot I Day	1000 441	AUTOPSY	1.0		
DICAL			Guilli But Hot H	sauting i	ii tile underlylli	y cause given i	11 Part 1, 24s.	PERFOR		240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	ž.
ă	_ History of Major I	lepression_					10	YES 2	X NO		COMPLETION OF CAUSE OF DEATH?	
Æ	-										1 - YES 2 - NO	
ž												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. P	LACE OF DEATH (C	Check only one)					
λSI	1XXES 2 □ NO	1 🗆 Inpatient 2 🗆	ER/Outpatient 3	□ DOA		ne 5 🖟 Residence	6 Other (Spe	eclfy)				
E	27. MANNER OF DEATH	28a. DATE OF (Month, Da		26b. TIM	E OF 28c. IN.	URY AT	28d. DESCRIB	E HOW I	NJURY OCC	URED		
B	1 Natural 5 Pending 2 Accident Investigation				M 1 🗆							
	3 X Suicide 6 Could not be	28e. PLACE Of building.	F INJURY — At horetc. (Specify)	me, farm, s	treet, factory, offic	•	28f. LOCATION	V (Street a	nd Number	or Rural R	oute Number,	
	4 Homicide detarmined		dence - An	ber D	rive				313 An	her I	r. Hagerstow	m
21	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI				_	and place, and du						
COMPLETED	one) 2 MEDICAL EXAMINE										and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE		7			29c. LICENSE N		-				_
8	du and a	2-11	How	T	7						(Month, Day, Year)	
					1	DO106	04		11/	/23/93	3	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM	1 27) (TVO	Print)							
۲	30. NAME AND ADDRESS OF PERSON WH					Hamara	tour MD	217	40			
ř	Edward W. Ditto. II	I, M.D.	217 W. Was	shingt	on Street	Hagers	town, MD.	217	40			
Ĭ		I, M.D.	217 W. Was	shingt	on Street	Hagers	town, MD.	217	40			



	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

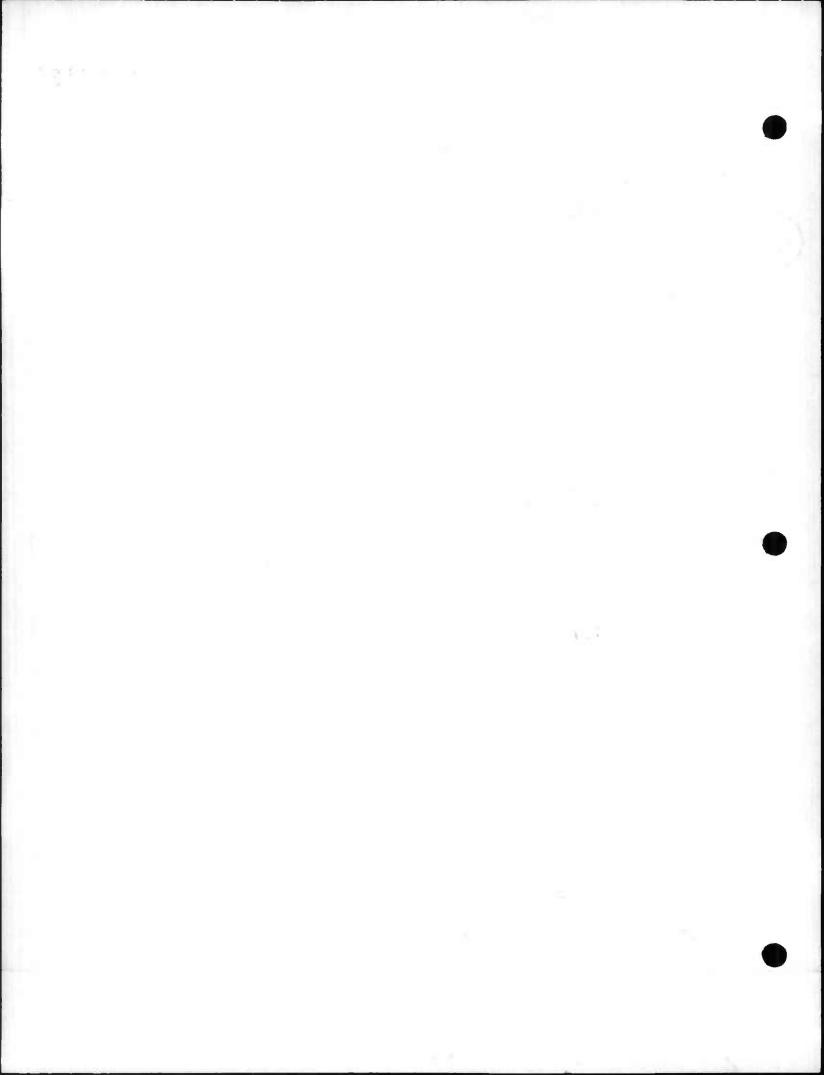
REGISTRAR		CERTIF	CATE OF	DEATH	REG. N	Ю.	
1. DECEDENT'S NAME (First, Middle Carleta		NOUR			2. DATE OF DEATH MONTH November	26 199	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-14-7383	5. SEX 6.	AGE (In yrs. last birthday) 77 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MHL.	7. DATE OF BIRTH (Month, Day, Year) Dec. 21,	8. 8	SITTHPLACE (State or Foreign country) aryland
735 Washingt	on Avenue		The same of the sa	STOWN		9c. COUNTY	
	Washington		, town on Locat Hagersto				10d, INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 735 Washingt	on Avenue		101	217	740		OF WHAT COUNTRY?
t1. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 K NO	If yes, sp		NIC ORIGIN? (Specify time, Puerto Rican, etc.)	Wes or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT (Specify only highes Elementary/Secondary (0-12)	S EDUCATION 2 grade completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us				USINESS/INDUST	RY
0-10	net)	asset	mbly	10 MOTHER'S NA	AİTC	eraft	
THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TRANSPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN T	s W. Lapole				E. Myrtle		er
19a. INFORMANT'S NAME (Type/Prin	•				Route Number, City or 1		
Mr. Richard J.	Ridenour						ryland 21740
1 Burial 2 Cramation 3 4 Donation 5 Other (Specify		cemetery, cremetory or off Cedar Law	her place) D. Memori	al Park	11-30 Ha	LOCATION - City	n, Maryland
21. SIGNATURE OF FUNERAL SERV		occur Buw	22. NAME AN	D ADDRESS OF FA	cour Minnic	h Funer	al Home
1 Scot	MMes	much					own, MD 2174
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF AS A CONSEQUENCE OF):	Jun.			Onset and Dec
resulting in death) LAST	d						
PART II. Other significent con	ditions contributing to dec	eth but not resulting l	n the underlying	g ceuse given in		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2 NO	HOSPITAL:	Moreovellant 2 - DOS	OTHER:	ACE OF DEATH (Ch			
27. MANNER OF DEATH 1 Return 5 Pending 2 Accident Investig	28s. DATE OF INJ (Morith, Day, Y	URY 285 TIME	E OF 28c. INJ		6 ☐ Other (Specify) 28d. DESCRIBE HOW	/ INJURY OCCURE	0
3 Suicide 8 Could n 4 Homicide detarmin	ot be 26s. PLACE OF IN building, stc.	JURY — At home, farm, s (Specify)	treet, factory, office		281. LOCATION (Stree City or Town, Sta	et and Number or Re te)	rel Route Number,
	PHYSICIAN: To the best of my AMINER: On the basis of exami						use(s) and manner as stated,
296. SIGNATURE AND TITLE OF CE		De m		29c. LICENSE NUR		29d. DATE SIG	ONEO (Month, Day, Year)
36. NAME AND ADDRESS OF PERSO	OH WHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type)	Print)				
31. DATE FILED (MOVIN, Day, War)	1993 Julia D.	SIGNATURE					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020**

1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.



1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTI	MENT OF H	EALTH AND I		GIENE 9	3 36 113 1
1. DECEDENT'S NAME (First, Middle, VERNON JOSEPH					2. DATE OF DE MONTH	ATH	3. TIME OF DEATH 5:00 P
4. SOCIAL SECURITY NUMBER 217-05-1528 9a. FACILITY NAME (If not institution,	1 🔯 M 2 🗒 F (38 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. R LOCATION OF DE	7. DATE OF BH (Month, Day, OCT 7	RTH 8.	BIRTHPLACE (State or Foreign Country) MARYLAND
CAODED HEADS	HOSPITAL			AND, MAR			LLEGANY
10e. STATE 10b. CC		- 116	TOWN OR LOCATE		HEI.		10d. INSIDE CITY LIMITS? 1 📉 YES 2 🗌 NO
100. STREET AND NUMBER 17 RICHARD 11. MARITAL STATUS 1 Never Married 2 Y Married	WAY		101.	21502			OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED 2 X NO DATES	If yes, spe	ENDENT OF HISPAP celly Cuban, Mexica 2 X NO Specifi	n, Puerto Rican,	rcify Yes or No — 14. afc.)	RACE — American Indian, Black, White, atc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mos retired.)	N It of working		OF BUSINESS/INDUS	TRY
8 17. FATHER'S NAME (First, Middle, Lee		LIPEC	ITTER	18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)	
MORTIMER 190. INFORMANT'S NAME (Type/Print)	ROSS	19b, MAILING AI	DDRESS (Street er	ROSA	DUNK Route Number, Cit	y or Town, State, Zip Co	cle)
BEULAH T. RO 20a. METHOD OF DISPOSITION 1 % Burlal 2 Cremetion 3 □	20	b. PLACE AND DATE OF metery, crematory or othe	DISPOSITION (Nat	WAY LA		MD 21502 20c. LOCATION — City	
4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE 21. 22. 23. 24. 25. 26. 26. 26. 26. 26. 26. 26. 26. 26. 26		PHILOS C	EMETER 22, NAME AN HAFER	CHAPE	L OF T	HE HILLS	RNPORT, MD S MORTUARY , MD 21502
23. PART I. Enter the diseases shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)	a	the death. Do not beach line. A CONSEQUENCE OF):		de of dying, auc	h aa cardlac o	r respiratory arrest	Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	unsky				8 days
PART II. Other algorificant cond	Illiona contributing to death Ma Pursant		the underlying	cause given in		WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERENCE TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		THER:	ACE OF DEATH (Ch			
1 New Market 1 1 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME (OF 28c. INJU	JRY AT RK?		E HOW INJURY OCCUR	EO
2 Accident Investiga 3 Suicide 6 Could no 4 Homicide determin	28e, PLACE OF INJUR building, etc. (Spe	Y — At home, farm, streetly)			28t, LOCATION City or Tow	(Street end Number or in, State)	Rural Route Number,
cool cray	PHYSICIAN: To the best of my know						ause(s) end manner ea stated.
296. SIGNATURE AND TITLE OF CER	Bun MO			29c. LICENSE NUI	WBER 32		IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSO							
BREZA GEORGE N	F 4 Commence	DRIVE CIIM	RERI.AND	, MD 21	502		

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-life be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760

BALTIMORE, MARYLAND 21215-0020

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1	-	STATE REGISTRAR	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCICHE

1 - STATE REGISTRAR	onite of matter	CERTIF	ICATE OF	DEATH		G. NO.		
1. DECEDENT'S NAME (First, Middle, Las	1)				2. DATE OF DE	ATH		3. TIME OF DEATH
1 111iam	Patrick Rov	wan			1 1	28 DAY	93	12:34P
4. SOCIAL SECURITY NUMBER		n yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HMS.	7. DATE OF BIR		A BIRT	HPI ACE (State or Foreign
215-34-4276	₩2 DF 59	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day,	Year)	Coun	Md
9a. FACILITY NAME (If not institution, give	1/ 1/ 1/9		On CITY TOWN	OR LOCATION OF	16/6/3			
			SE CITY, TOWN	OR LOCATION OF	PEAIN	9c. CO	OUNTY OF	DEATH
29 E Rai	Iroad		L. Lo	naconn	ing	A1	leg:	anv
10a. STATE 10b. COUN		10c. CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY
Maryland Alle	egany		Lonac	onning				LIMITS?
10e. STREET AND NUMBER	0 7			I. ZIP CODE				12 YES 2 NO
29 E. Railro	ad St			21539		10g. C	TIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS								USA
1 Never Married 2 Married	12. WAS DECEOENT EVER IN FORCES? 1 X YES	2 NO			NIC ORIGIN? (Spec		14. RAC Blac	E — American Indian, ck, White, etc.
3 Widowed 4 Divorced	F YES, GIVE WAR OB DAY	rean	1 TYES	2 NO Spec	lfy:	·	Whai	inte
15. DECEDENT'S EC			USUAL OCCUPATI				1	
(Specify only highest gra-	de completed)	(Give kind of a	work done during me	ost of working	16b. KIND	OF BUSINESS/II	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	Textil	Le		Cel.	Fiber	s Co	orp.
17. FATHER'S NAME (First, Middle, Last)	0 1							
	1 D				AME (First, Middle, I	Maiden Surname)	F	
Winfred Josep	n Rowan			Nina S				
19a. INFORMANT'S NAME (Type/Print) Dorothy Lashb	augh	30 R	AOORESS (Street	I On a	Route Number, City	or Town, State, 2	16 COOP)	
	30611	30 M	- JOIN JU	· , LOHa	conting,	, FIG • 2 I	237	
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re	moval from State	PLACE AND DATE	OF DISPOSITION (No	ame of	DATE 2	Oc. LOCATION -	- City or To	own, State
4 Donation 5 Other (Specify)	Cur	mberlar	nd Crem	atory1	1-29-93	Cumb	erla	and Md.
21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE		22. NAME A	NO ADDRESS OF F	ACILITY			
> \ SMK	100				Kenzie		al F	lome
22 04 ft 1/2			Lonac	oning,	Md.2153	39		
23. PART I Enter the diseases, or ehock, or heart fellure	. Liet only one ceuse on ee	the death. Do not the iline.	not enter the mo	de of dylng, su	ch as cardisc or	respiratory a	rrest,	Approximeta interval Between
IMMEDIATE CAUSE (Final								Onset and De
disease or condition resulting in death)	arterio	sclero	tic he	art dis	sease			
	DUE TO (OR AS A	CONSEQUENCE OF	F):					
	Diabetes	3						
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A	CONSEQUENCE OF	F):					
CAUSE (Disesse or injury	c							
that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	7:					
resulting in death) LAST	d							
DADT II Other significant assista								
PART ii. Other significent condition	ns contributing to death bu	it not resulting i	n the underlyin	cause given ir	Part i. 24a, W	AS AN AUTOPSY ERFORMED?	7 24b	WERE AUTOPSY FINDIN
					10,	YES 2 NO		COMPLETION OF CAUS OF DEATH?
						, /		1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (C	heck only one)			
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpet	tiont 3 DOA	OTHER:					
27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIM	4 Nursing Hom		6 Other (Special		0011050	
1 Natural 5 Pending	(Month, Day, Year)		URY WO	RK?	28d. DEŞCRIBE	HOW INJURY OF	COMED	
Accident Investigation				ES 2 NO				
3 Suicide 6 Could not be 4 Homicide determined	26s. PLACE OF INJURY - building, etc. (Specif)	— At nome, term, s y)	treet, factory, offic		28f. LOCATION (: City or Town,	Street and Number State)	er or Rurei I	Route Number,
29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my knowled	dge, death occurre	d at the time, data	and place, and du	to the cause(a) ar	nd manner as at	ated.	
MEDICAL EXAMIN	ER: On the basis of examination	and/or investigation	n, in my opinion, d	eath occured at the	time, data and pla	ice, and due to	the cause(r	a) and manner as stated
296. SIGNATURE AND TITLE OF CERTIFIE								- 115-34-15-19-19-19-19-19-19-19-19-19-19-19-19-19-
10	1 2			DOO 1 5		29d. DA		(Month, Day, Year)
20 1410 1400 1000 100		Doty	Med E	D0915) /		TT/	28/9 3
30. HAME AND ADDRESS OF PERSON W	HU COMPLETEO CAUSE OF DEAT	TH (ITEM 24) (Type,	Print)					
David Cook M I	12/ 2	Lat C	mb Mal	01500				
DEC 01		unest Gu		21502				

Investigate burnysbrane permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remonal.

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BALTIMORE, MARYLAND 21215-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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FOR

1. OECEOENT'S NAME (First,		0.011	OUTDIE SE	ADIZ D	A CIT					OF DEATH	AYOO 1	OYEAR	3. TIME OF DEATH 9:03 P
BABY BO		ASH J	6. AGE (In yrs.				IF UNDER		_	ember"	09,1	7	
None	-Cr	1 M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Ybar)	003	Count	IPLACE (State or Foreign y)
9a. FACILITY NAME (If not ins	etitution sim a		10	Tria.	as out	, DOMEST	OR LOCATI	011.05.0		7, 1		INTY OF C	
	S HOPKINS HOSPITAL BALTIMORE										timo		
10a. STATE	10b. COUNTY	1		10c. Cl	TY, TOWN C	OR LOCA	TION						10d. INSIDE CITY
DE.	Suss	ex		L	aurel								LIMITS?
10s. STREET AND NUMBER	5 - 5 - 5					-	f. ZIP COD	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
Rt.#4 Box	113							1995	6		US	SA	
1E. MARITAL STATUS 1 X Never Married 2 3 Divor	Married	FORCES?	ENT EVER IN U.S. 1 YES 2 WAR OR DATES		1 5	If yes, sp	CENDENT Concepts of the control of t	ın, Mexica	an, Puerto	f? (Specify Yes Rican, etc.)	or No-	14. RACI Black Spec	E — American Indian, k, White, etc.
	EDENT'S EDU		16a.	DECEDENT					168	. KIND OF BU	SINESS/IN	DUSTRY	
(Specify only Elementary/Secondary (0-	highest grade	College (1-4 or I	5+)	(Give kind of life, Do NOT L	work done	during mo	ost of working	ng					
0			′		N	None				None			
17. FATHER'S NAME (First, Mil	iddle, Last)						18, MOT	HER'S NA	ME (First,	Middle, Maiden	Sumame)		
Gardner B.	Rash						San	ndra	Ste	vens R	ash		
19e. INFORMANT'S NAME (7)	rpe/Print)			19b. MAILIN	G ADDRESS	S (Street a	and Numbe	r or Rural	Route Num	ber, City or Tow	n, State, Zi	ip Code)	
Gardner Ra	sh			Rt #	4 Box	x 11	3 La	urel	, De	. 1995	6		
20a. METHOD OF OISPOSITI		aunt da es Co		EANDDATE	OF DISPOS	SITION/N	eme of		DAT		CATION -	- City or To	wn, State
1 N Suriel 2 Cremetion 4 Donation 5 Other		oval from Stata	Odd	Fellov	other place) VS Ce	met	ery		11-	-14 La	aure]	L, De	
21. SIGNATURE OF FUNERAL	L SERVICE LIC	ENSEE /	Λ		22.	NAME A	ND ADDRE	SS OF FA	CILITY		-	-	
			//										
23. PART I. Enter the di ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death)	Season, or coart fellure.	List only one co	nuse on each if	Ina.	not anter	the mo	Box oda of dy	678 Ing, suc	Lau:	rel, D	e. 1	9956 rrest,	Approximate Interval Betwo
ahock, or he IMMEDIATE CAUSE (Fin disease or condition	iseaséa, or ceart feilure.	Pulmor ouer nuther	nuse on each if	PODL SEQUENCE C	not anter	the mo	Box oda of dy	678 Ing, suc	Lau:	rel, D	e. 1	9956 rrest,	Approximate Interval Between Onset and Da
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ahock, or he IMMEDIATE CAUSE (Fin disease or condition resulting in death) Sequentially list conditi if any, leading to immed cause. Enter UNDERLYII CAUSE (Disease or injuit that initiated eventa resulting in death) LAST	iseasea, or ceart fellure.	a. Pulmor oue T b. Mulh p DUE T	O (OR AS A CONS	SEQUENCE CO	not anter ASIA OF): In the ur	the mo	Box oda of dy	678 ing, such	Lau:	rel, D diac or reapi	e. 1	9956 Treet,	Approximate Interval Between Onset and Da 13-km. 13-km. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETEN OF CAUSE OF DEATH?
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hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Mandard Jeefer Philippings 658

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3. TIME OF DEATH

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached anything 20 beans after death withing 20 beans after death withing 20 beans after death with the Change and Language 10 should be detached	be men whithin it hours are been with the Sale been, or regain and wend hybers prior to build, the medical examiner must be notified at once, IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH

Î	James	Albe							993 0304 t					
	4. SOCIAL SECURITY NUMBER		AGE (In yrs, lest birthday,	IF UNDER	DAYS	IF UNDER		7. DATE OF	BIRTH Day, Year)	8,	BIRTHPLA Country)	CE (State or Foreign		
	221-18-0736	1 🔀 M 2 🗌 F	84 YRS.	months.	J	Hoons		NOVEM				YLAND		
	9a. FACILITY NAME (If not institution, give st				Y, TOWN C	OR LOCATION	ON OF DE	EATH	110 123711 11 11 230					
DIRECTOR	The Kent and Quee	Hospital,	Inc.		_Che	ster	town		k	Cent				
ပ္က	10e. STATE 10b. COUNTY		10c. CI	TY, TOWN	OR LOCAT	TON					100	S. INSIDE CITY		
뜸 l	MARYLAND									LIMITS?				
	10e. STREET AND NUMBER			UDLEI		تارات. ZIP CODI	E			10a. CITIZEN		YES 2 NO		
	1364 DUHAMEL COR	NER ROAD			- 1			16g. CITIZEN DF WHAT COUNTRY?						
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	1 Never Married 2 Married	FORCES? 1 THE INTERPRETATION OF THE INTERPRE	YES 2 NO		If yes, spi	ecify Cube	n, Mexica Specify	n, Puerto Ric	en, etc.)		Black, WI Specify:	hita, atc.		
BY	3 Widowed 4 Divorced					- A					орчону.	BLACK		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16a. DECEDENT' (Give kind of	f words down	during mo	ON st of workin	107	16b. K	IND OF BUS	SINESS/INDUS	TRY			
ا تا	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIII. DO NOT	use retired.)			-							
Z	6th 17. FATHER'S NAME (First, Middle, Last)		FARM	ER					FARMTI					
- 1		D.				18. MOTH	HER'S NA	ME (First, Mic	idle, Maiden	Sumame)				
닒	HOWARD ROCHESTE	R					ERTT			KNOWN				
ဥ	MAMIE ROCHESTER									n, State, Zip Co				
	20e. METHOD OF DISPOSITION		136	4 DUH	IAMEI	COR	NER					D, 21668		
	1 N Burial 2 Cremation 3 Remo	cemetery, cremetory or	IND DATE OF DISPOSITION (Name of natory or other place) OATE 20c. LOCATION — City or Town, State								Stata			
ı	1 M Burlel 2 Cremation 3 Removel from State 4 Donation 5 Other (Specify) 21. Significant literature of Juliana Service Licensee 22. NAME AND ADDRESS OF FACILITY DENINGE CONTINUE CON								SIDE	MD.				
- 1	P.O. BOX 1687, EASTON, MARYLAND,								RAL SERV.					
4	John Mit	Mucs	2)	P	·.U.	вох	1687	, EAS	TON,	MARYLA	AND,	21601		
	23. PART I. mer the diseases, or contock, or heart failura. I. IMMEDIATE CAUSE (Final disease or condition resulting in death)	liat only one cause	on each lina.					eed	c or reapi	ratory arrest	,	Approximate Interval Between Onset and Death		
HILICATION	Sequentially list conditions, oue to (or as a conseduence of):													
3	cause. Enter UNDERLYING CAUSE (Disease or Injury													
	DUE TO (DR AS A CDNSEQUENCE OF): resulting in death) LAST													
SER.	d													
	PART II. Other significant conditions	contributing to da	ath but not resulting	In the ur	nderlying	Cause o	iven in	Part I. 2	4a. WAS AN	AUTOPSY	24b. WEI	RE AUTOPSY FINDINGS		
DICAL	infected ago	hetic a	rof	PERFORMED?							ILABLE PRIOR TO IPLETION OF CAUSE			
	perinheral ves	cu san di	50000					_ I.	L TES 2	□ NO		DEATH?		
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	25. WAS CASE REFERRED TO MEDICAL		t diseas		26. PL	ACE DF D	EATH (Che	ck only one)						
2	EXAMINER?	HOSPITAL:	NOutpatient 3 DOA	OTHEI		5 🗆 Re	sidence	8 Other (Specifyl					
PHYSICIA	27. MANNER OF DEATH	28a. DATE OF IN. (Month, Day,	JURY 28b. TII						ESCRIBE HDW INJURY OCCURED					
5	1 Airtural 5 Pending 2 Accident Investigation	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	M		ES 2) NO							
	3 Sulcide 8 Could not be determined	IJURY — At home, ferm, (Specify)	ome, ferm, street, factory, office 28f. LOC				281. LOCATI City or	LOCATION (Street and Number or Rural Route Number, City or Town, State)						
MPLEIED	290. CERTIFIER	IAN: To the heart of	becombed:											
00	(Check only one) 2 MEOICAL EXAMINER	: On the basis of exam	knowledge, death occur ination end/or investigati	on, in my o	ilme, dats opinion, de	and place, eath occur	end due	to the cause time, data an	(e) and man	ner as stated. d dua to the ca	wee(s) and	I manner as stated.		
H .	29b. SIGNATURE AND TITLE DF CERTIFIER					29c. LICE			29d, DATE SIGNED (Month, Day, Year)					
					Ì	0	33	514		▶ //-				
	30. NAME AND ADDRESS OF PERSON WHO											-		
	MiBienenefile m.	n. 100 B	Rown St.	K.G	2. A.	HOS	0.	Che	Steri	town	no	21620		

32. REGISTRAR'S SIGNATURE

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	1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTI			MENTAL HYGIEN		36141				
Š	1. DECEDENT'S NAME (First, Middle, Lest) SHIRLEY	VIR	GINIA	RY.	\N	2. DATE OF DEATH DECEMBERO	3. TIME OF DEATH 7:58 P M					
2000	F70 /0 000/	1 □ M 2X F 57	YRS.	ONTHS DAYS	IF UNDER 24 HRS, HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Morth, Day, Year) Oct. 5.19	36 Ma	mplace (State or Foreign ryland				
TOR	PHYSICIANS MEMORIA			A PLATA		EATN	9c. COUNTY OF CHARLE					
DIRECTOR	Maryland Char	les		OWN OR LOCAT								
FUNERAL	One Hickory La			101. ZIP CODE 10g. CITIZEN OF WHAT COUNTY U.S.A.								
à l	3. Widowed 4 Divorced	2. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE		If yes, ap-	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No— If yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 NO Specify: 1.4. RACE — American Indian, Black, White, etc. Specify: White							
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	mpleted) College (1-4 or 5 +)	Be. DECEDENT'S US (Give kind of word life. Do NOT use n Homemak	t done during mo etired.)	N st of working	At Hom	e					
BE CON	17. FATHER'S NAME (First, Middle, Last) Edward G. Dame	ron			16. MOTHER'S NA	ME (First, Middle, Meiden Surneme) 11a Bell Nethery						
10	190. INFORMANT'S NAME (Type/Print) Delores Dameron Stine 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) P.O. Box 15, Cobb Island, Md. 20											
	24s. METHOD OF DISPOSITION 1AU Burial 2 Cremation 3 Removal from State 4 Donetion 5 Other (Specify) 20b. PLACEAND DATE Of DISPOSITION (Name of Washington Natl. Cemetery 12/4/3 Suitland, Md.											
21. SIGNATURE OF FUNERAL SERVICE UCHNEEN M-0174 22. NAME AND ADDRESS OF FACILITY AREHART-ECHOLS FUNERAL HOME, I P.O. BOX 567, LA PLATA, MD. 20												
	23. PART I. Enter the disease or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	nplications that caused the tonly one cause on each	Pul	anter the mo	de of dying, suc	h as cardlac or reepi	ratory arrest,	Approximate interval Between Onset and Death				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d											
MEDICAL	PART II. Other significant conditions	contributing to deeth but	not reculting in t	tha underlying	ceuse given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	No. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
PHYSICIAN:		EXAMINER? HOSPITAL: OTHERS.										
- 1	27. MANNER OF DEATN 1 Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJI	JRY AT	28d. DESCRIBE HOW INJURY OCCURED						
202	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	Al home, farm, street	et, factory, office	281. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)							
CMPLE		N: To the best of my knowled						r(s) end manner as stated.				
02 38 0	295. SIGNATURE AND TITLE OF CONTIFIER	24/-			29c. LICENSE NUN	IBER		ED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO CO Daniel M. Howell,	MD, Pembrook			D-02975 y. 301 S		. Marvl	and 20603				
	31. DATE FILED EC 02 1993	32. RESISTEAR'S SIGNATU	Tandelle			,	, ,					

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	THOMA	Gilbe	720D	13	$V_{J:}$	r.		2. DATE	OF DEATH	2	YEAR	3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. last	t birthday)	IF UNDER 1		DER 24 HRS.	7. DATE	OF BIRTH c, Day, Year)	19	8. BIRTHP	PLACE (State or Fore					
	216-30-9551	1 □ M 2 🙀 F	59	YRS.		DAYS HOUR		May	20,1	934	Mar	yland					
Œ	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Carroll County General Hospital Westminster Carrol																
CTO	RESIDENCE OF DECEDENT 10a. STATE 10b. COU		_ moopi				3001					10d. INSIDE CITY					
DIRECTOR										10d. INSIDE CITY LIMITS? 1 YES 2 2 1							
MA	10e. STREET AND NUMBER					101. ZIP C		0			ZEN OF WI	HAT COUNTRY?					
FUNER	1968 Deer Pa		IT EVER IN U.S. ARI	MEN	12 Wil	21048 U.S.A. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No.— 14. RACE — Americ											
ВУ	3 ☐ Wildowed 4 ☐ Divorced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 💢 NO Specify: Spe								- American India Whita, etc.								
TED	15. DECEDENT'S E (Specify only highest gri	18a. DEC	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)														
PLET	Elementary/Secondary (0-12)	+}	Truck Driver				O'Boyle Tank Lines in Baltimore				Lines						
COMPL	18. MOTHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)																
BE	Thomas Gilber	t Roden		MAILING	ADDRESS /				anapp	n State Zin	Codel	-					
2	Dorothy Jean	Rođen										21048					
	20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 Re	emoval from Stata	20b. PLACE A	matory or o	ther place)			DATI			City or Tow						
	4 Donation 8 Other (Specify)	LICENSEE	Emmit	tsbu	22 NA	emori	BESS OF E	ACB ITY	4 Emi								
	Namet	7011)						her &			H. ,Md.21					
	disease or condition	· CH	RONI	C	REC	PIPE	TOR	4 -	ALL	UR	E						
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hysician.	urial-tran	-
L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nous after death. Page 6 may be retained by the hospital or attending physician.	L DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train. Pours after death with the State Debt, of Health and Mental Hypiene prior to burial, cremation, or removal.	
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FUNERAL DIRECTOR

BY

COMPLETED

BE

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 2 2 MEDICAL EXAM

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

296. SIGNATURE AND THE ON CENTREE

31. DATE FILED (Month, Day, Year)

THE HOSPITAL C THE FUNERAL D I filed within 72 ha TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

burial-transit

BALTIMORE, MARYLAND 21215-0020

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH Mae Shultz Madeline YEAR Madeline 0120 chalt 2 93 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAVE 1 - M 2 -F 214-28-5832 YRS. 81 4-26-12 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital Hagerstown Washington 10a, STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Carroll Sykesville 1 X YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Church Street 21784 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuban, Mexican, Puarto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Cafeteria Worker College 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Alvey Fink Bessie Mae Long 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Gloria Keller 9015 Mt. Tabor Rd., Middletown, Md 21769 20e. METHOD OF DISPOSITION

1 17 Burlei 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 29c. LOCATION — City or Town, State Central Cemetery 11/23/93 New Market, MD 21774 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY 504 Main Street ctt Ricketts Funeral Home Myersville, MD21773 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mods of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Final Onset and Death disesse or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TES NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 94 1 YES 2 ND 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) a Could not be determined 4 Homicide 29e. CERTIFIER 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(s) and manner as stated.

29c. LICENSE NUMBER

IINER: On the beels of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month. Day, Year) **DHMH-16 Rev 1/89**

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the four after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit page. The complete of the detached for use as the burial-transit page.	L'AUMANC EVERI, INC MEDICAI EXAMINET MUSI DE RO
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Transfer of the transfe	IMPORIANT: II IGEN 28 IS MARKED, OF ILEM 25 SHOWS ANY INJURY, OF OURSE LABORIZE EVENT, THE INSOCIAL EXAMINET MUST DE ROUINED AT ORCE.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

36144 93

	REGISTRAR			EKITE	CALE OF	DEALH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	P.	SLAT	ER		2	2. DATE OF DEATH		YEAR 93	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	6. SEX 6.	AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 H		7. DATE OF BIRTH		8. BIRTHPL	LACE (State or Foreign	
	214-36-1218	218 1 M 2 X F 54 YRS. MONTHS DAYS HOURS MH						(Month, Day, Year) Country)				
	9a. FACILITY NAME (if not institution, give street and number)			-	Sept. 6, 1939 NO							
oc l		,			SECOTT, TOWN	ON LOCATION	OF DEAL		VC. COUP	TIT OF DEA	JI H	
0	WASHINGTON COUNTY	HOSPITAL				HAGER	STOW	VN	,	WASHI	NGTON	
<u>5</u>	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			L 40+ CITY	TOWN OR LOCAT	TION!						
<u> </u>				100. 011	, TOWN ON LOCAL	ION				10	0d. INSIDE CITY LIMITS?	
	MARYLAND WASHINGTON					RSTOWN			-31	1	YES 2 NO	
4	10e. STREET AND NUMBER				101	101. ZIP CODE 10g. CITIZEN OF					AT COUNTRY?	
8	39 NORTH LOCUST S	TREET				21740 U.S						
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT EX	/ER IN U.S. AR	MED	13. WAS DEC		_	ORIGIN? (Specify Yes				
	1 Never Married 2 Married	FORCES? 1	YES 2 K		If yes, sp	ecity Cuban, N	faxican, I	Puarto Rican, etc.)	0.7.0-		- American Indian, White, atc.	
B⊀	3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		1 TYES	2 X NO 3	Specify:			Specify:		
	42 525551715 55175		1		1			_	- 1		WHITE	
1	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(G	ive kind of w	JSUAL OCCUPATION ork done during mo	on as of working		16b. KIND OF BUS	INESS/IND	USTRY		
"	Elementary/Secondary (0-12)	College (1-4 or 5+)	III0	Do NOT use	retired.)							
P	12		OV	VNER-	OPERATOR	3		CONVE	NIEN	CE ST	ORE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME	E (First, Middle, Melden	Sumame)			
	NORMAN HARRISON	EDLEBLUTE				SAD	TE M	AE KLINE				
8	19a. INFORMANT'S NAME (Type/Print)		19	h MAILING	ADDRESS /Street a		_	ute Number, City or Town	State 7/n	Codel		
2											4.5.40	
	MARY A. SINES						AGER	RSTOWN, MA			21740	
-	20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo	ovel from State			F DISPOSITION (Ne					City or Town		
- 1	4 Donation 5 Other (Specify)		BOCN	SBORC	CEMETE	RY	11/	19/93 BOO	NSBOI	RO, MI	ARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 7606 Old National Pike											
	Holm & Dow	John	H. Bas	st Jr	BAST I	TUNERA	L HO	JMH:				
	23. PART . Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, Approximate											
	shock, or heart failure. List Dnly Dna cause Dn aach line,											
	IMMEDIATE CAUSE (Final disease or condition										Onset and Death	
	resulting in death)	u	deop	pur.	money	100	ne	y				
		DUE TO (OR	AS A CONSE	DUENCE OF	· //							
z												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	mutas tales Lives Comea										
3	couse. Enter UNDERLYING	Mutos	take	, SZ	ue,	Cen	1 CM					
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSE	QUENCE OF);							
E	resulting in death) LAST											
빙												
	PART II. Other algnificant condition	a contributing to dat	th but not	reaulting li	tha underlyin	g ceuse give	n In Pa				VERE AUTOPSY FINDINGS	
3	De ale	ile m	ellit	us	/		^	PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE	
EDICAL	Done	phul I	andi.		Vase	11/21	NO.	1 TYES 2	Ŭ.NO	0	OF DEATH?	
Σ	peny	norue I	sove	nue	V asc	ma	Mes	see le		1	YES 2 ND	
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF DEAT	H (Check	k only one)				
Sic	1 YES 2 NO	HOSPITAL:	VOutpatient 3		OTHER:	e 5 Resid	ence #	Other (Specific)				
→	27. MANNER OF DEATH	25a. DATE OF INJ		28b. TIME			-	Red. DESCRIBE HOW IF	Littey occ	CHRED		
	1 Netural 6 Pending	(Month, Day, 1		INJU	JRY WC	PRK?		NOT DECOMBE HOTE II	100111 001	JOHED		
BY	2 Accident Investigation					YES 2 N	0					
	3 Suicide 6 Could not be	28a. PLACE OF IN building, atc.	URY — At he (Specify)	me, farm, st	reet, factory, offic		2	tef. LOCATION (Street a City or Town, State)	nd Number	or Rurel Rou	ite Number,	
	4 Homicide detarrolmed											
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledon de	ath occurre	d at the time date	and place an	d due to	the country and man	007 00 00-1	24		
2	(Check only one) 2 MEDICAL EXAMINE											
8			matter arrarer		i, iii iiiy opiiiioii, c	watti occuisu .	at the thi	ne, data and place, and	3 002 to th	e cause(s) a	mammer as maked.	
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	1.1.1	n .	-	1	29c. LICENS	E NUMBE	ER C C C	29d. DAT	E SIGNED (N	Month, Day, Year)	
	front	main		/	411		27	848	-	11/1-	1193	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE C	F DEATH (ITE	M 27) (Type,	Print)	4		7				
	(30) MI	4 (7)	HL	1900	Houn	L	10					
	31. DATE FILED (Mpmh, Day, Year)	32. REGISTRAR'S	SIGNATURE	1		/						
	1/7/1/ 1/8/1993	(10	HAN-RE	بالمعال								

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7	4. SOCIAL SECURITY NUMBER 706-09-8997	1 📜 M 2 🗆 F	3. AGE (In yrs. last i	VRS. IF UND		IF UNDER 24 HRS. HOURS MIN.	Nov.29, 7. DATE OF BIRTH (Month, Day, Year) Aug.29	1981	e. BIRTHPLACE Country) Mary I		
TOR	90. FACILITY NAME (If not institution, gives 10020 Me lody Lateral Residence of Decedent			9b. Cf1		or Location of De			SHINGTO	N	
DIRECTOR		nington		Hagers					L	NSIDE CI'	
FUNERAL	100. STREET AND NUMBER 10020 Melody La	ne			10	21740		10g. CITI	USA	DUNTRY?	
BY FUI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT IF FORCES? 1 DIFF YES, GIVE WAS	EVER IN U.S. ARM SYES 2 MO R OR DATES	ED 13	If yes, sp		IIC ORIGIN? (Specify n, Puerto Rican, etc.) /:	Yes or No	14. RACE — Am Black, White Specify:	hite	
once. COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION	(Give	EDENT'S USUAL of kind of work done NOT use retired.	during mo	ost of working	166. KIND OF		USTRY		
H III	12 17. FATNER'S NAME (First, Middle, Leat) William	Henry	Shee	rectiona lev	1 01		ME (First, Middle, Meid Eliza		Beach	lev	
TO BE	190. INFORMANT'S NAME (Type/Print) Arlene B. Sheeley 10020 Melody Lane Hagerstown, MD 21740										
ed family	20e. METHOD OF DISPOSITION Burlel 2 Cremation 3 Re Donation 6 Other (Specify)			atory of other place		ark Dec.1,1			city or Town, Sta		
examiner	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY OSBORNE FUNERAL HOME P.O.Box # 348 Williamsport, MD 21795										
event, the medical	23. PART I. Enter the disesses, or abock, or heart fellure IMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. Swall	on each lins.	th. Do not ente	er the mo	ode of dying, suc	h as cardiac or re		est,	Approxir Interval I Onset an	
CATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING										
Or other t	CAUSE (Disease or Injury that initiated events resulting in death) LAST										
MEDICAL C	PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I. PART II. Other significent conditions contributing to desth but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I. PART III. Other significant conditions contributing to desth but not resulting in the underlying ceuse given in Part I.									AUTOPSY ABLE PRIOR LETION OF ATH? ZES 2	
S A	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA 4 N	R:	LACE OF DEATH (Ch	market and an				
SICI	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF IN (Month, Day,	(JURY Year)	28b. TIME OF INJURY	28c. IN. W0	JURY AT DRK? YES 2 NO	28d. DESCRIBE NO				
marked, or Ite BY PHYSIC	2 Accident 3 Suicide 4 Nomicide 28. PLACE OF INJURY — At home, farm, street, factor), office building; etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factor), office city or Town, Stete)										

SON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

W.Potomac St. Williamsport, MD 21795
32. REGISTRAR'S SIGNATURE

Max E.Byrkit, MD 28
31. DATE FILED (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be med writin (2 hours aret death with the State Dept. or regulation herital provide Durial, cremator, or remova. IMPORTANT: If flem 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	STATE OF M	IARYLAND / DEPA CERTII					MENTAL HYGIEN REG. NO	4	36146
	1. DECEDENT'S NAME (First, Middle, Last)		-					2. DATE OF DEATH	AY YEAR	3. TIME OF DEATH
	BETTY JOAN SILVI							NOVEMBER :	25, 1993	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday	MONTHS	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) NOVEMBER 4	Cou	
	199 24 8991 Ba. FACILITY NAME (If not institution, give	1 M 2 F	62 YRS.	41 017				MARYLAND		
<u>a</u>	SACRED HEART HOSI					OR LOCATION		EATH	9c. COUNTY OF	
DIRECTOR	RESIDENCE OF DECEDENT	TIAL		Cl	JMDE.	KLANL	_		ALLE	GANY
E.	10a. STATE 10b. COUNT		151.00	ITY, TOWN						10d. INSIDE CITY LIMITS?
	MARYLAND ALL	EGANY		CUMB						1 X YES 2 NO
FUNERAL	Committee of the commit	TOFFT				2150				WHAT COUNTRY?
N.	222 HARRISON S	EVER IN U.S. ARMED	T 13.				NIC ORIGIN? (Specify Ver	U.S.		
BY FL	1 Never Married 2 Merried 3 XWidowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 XNO		If yes, sp			an, Puerto Ricen, atc.)		CE — American Indian, lick, White, atc.
	15. DECEDENT'S EDU		16a. DECEDENT	'S USUAL C	CCUPATI	ON		16b. KIND OF BU	SINESS/INDUSTRY	WIIII
E.	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	(Give kind o	f work done use retired.)	during mo	est of workin	g			
MPL	12			MEMA	KER			OWN	HOME	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		MANGE	221				AME (First, Middle, Meiden		THE INC. AND
BE	WALTER		MAYBE					LIE AU		UBAUGH
2	190. INFORMANT'S NAME (Type/Print) ROBERT L. PAR	TLOW						Acute Number, City or Tow STATE LI		17263
	20a. METHOD OF DISPOSITION 1√□ Burlal 2 □ Cremation 3 □ Rem	noval from State	20b. PLACE AND DAT	E OF DISPO	SITION (N	eme of		DATE 20c. LO	CATION — City or	Town, State
	Donation 5 Other (Specify)		IGREENLAWN							T,WASH.,MD.
- 6	21. SIGNATURE OF FUNERAL SERVICE LI	1	1.	A	VDRE	NO ADDRES	COFI	FMAN FUNER	AL HOME,	INC.
	//	Brai		40) E.	ANTI	ETA	M ST., HAGE	RSTOWN, M	D. 21740
	23. PART I. Enter the diseases, or ahock, or heart failure.	complications that List only one cau	coused the death. Do on each line.	not enta	r tha mo	de of dyi	ng, suc	ch as cardiac or reap	iratory arreat,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	ENDSH.	AGE Met		he ,	4den	10 CM	Acinoma o	fulter	Onset and Death
N	Sequentially list conditions b.									
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE TO	(OR AS A CONSEQUENCE	OF):						
띮	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEQUENCE	OF):						
ᇤ	resulting in death) LAST	d								
	PART II. Other algnificent condition	na contributing to	death but not reaulting	in the u	nderlyln	g cause o	alven In	Part i. 24a. WAS AN	AUTOPSY 2	6b. WERE AUTOPSY FINDINGS
ICAL								PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
E									Z ANO	OF DEATH?
N N								1		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	WOOD!		T	_	LACE OF D	EATH (C)	heck only one)		
/SI	1 TES 2 NO	HOSPITAL:	ER/Outpetlent 3 DOA	OTHE		ne 5 🗆 Re	sidence	6 C Other (Specify)		
PH	27. MANNER OF DEATH 1 Autural 5 Pending	28a. DATE OF (Month, De		IME OF	·W	JURY AT DRK?		26d. DESCRIBE HOW	NJURY OCCURED	No a little of
BY	2 Accident Investigation	20- 81405.0	P IN HERM	M		YES 2	NO			
TED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At home, term etc. (Specify)	i, atreet, fac	ногу, отк	:0		26f. LOCATION (Street City or Town, State)		I Route Number,
Ë	29a. CERTIFIER 1 CERTIFYINO PHYS	ICIAN: To the best of	my knowledge, death occu	rred at the	Ilma, date	and place	and due	In the cause(s) and ma	nner as eleted	
COMPLET										e(s) and manner es stated.
ECC	296. SIGNATURE AND TITLE OF COUTINE	Я				29c. LICE	ENSE NU	MBER A	29d. DATE SIGN	ED (Month, Day, Year)
0	1/1/09	pores	the			D	25	2/8/	111-	25-93
2	30. NAME AND ADDRESS OF PERSON Y		E OF DEATH (ITEM 27) (7)	pe, Print)	10					
- 3	GARY WAGONER, M.D.		SHOP WALSH	DRIV	E C	UMBE	RLAN	ID, MD 215	502	
	31. DATE FILED (Month, Day, Year) NOV 2. 9. 199:		Tendan-Ruda	e						



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		Cian. Fransit	4

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within and recent feath. Page 6 may be retained by the hospital or attending physic and THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Lest)	JOHN HES		GLER		1	2. DATE OF DEATH	LL 195	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday	IF UNDER 1 Y	EAR IF UNDER	R 24 HRS. 7	7. DATE OF BIRTH		HRTHPLACE (State or Foreign
	2/4/60609 De. FACILITY NAME (If not institution, give	1 M 2 F	8/ YRS.		WN OR LOCATI	MIN.	05-17-1	942 Be COUNTY	MARYLAND
DIRECTOR	WAS HINGTON (7 / 1	SPITAL	H	SERST		,	1	H INGTON
l m	10a. STATE 10b. COUNT	TY	10c. C	TY, TOWN OR I	OCATION				10d. INSIDE CITY
		SHINGTON	V	ILLIA	MSPOR	T			1 TYES 2 NO
FUNERAL	100. STREET AND NUMBER 16505 VIRGINI	A AVENUE			10f. ZIP COD			10g. CITIZEN	OF WHAT COUNTRY?
NS NS	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WA			ORIGIN? (Specify Yes		RACE — American Indian,
B≺	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1X YES	2 NO	If yo	es, specify Cube YES 2/ NO	n, Mexican,	Puerto Rican, etc.)		Black, White, etc. Specify: WHITE
ED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16s. DECEDENT	S USUAL OCCL	PATION ng most of working	na	16b. KIND OF BUS	SINESS/INDUSTI	RY
COMPLET	Elementary/Secondery (0-12)	College (1-4 or 5 +) 4		use retired.) UNTIN			AIRCRA	AFT MA	NUFACTURER
BE CO	17. FATHER'S NAME (First, Middle, Leet) LUTHER SWOP	E SPANGL	ER SR		16. MOT		E (First, Middle, Maiden ETHEL	Sumame) HE	SS
TO B	190. INFORMANT'S NAME (Type/Print) GLENDA M. HUT	CHINS					LIN, NEV		
	20a, METHOD OF DISPOSITION 1 VBurial 2 Cremation 3 Reg	20	b. PLACE AND DAT	OF DISPOSITION		,		CATION — City	
	4 Donation 8 Other (Specify)	Ř	OSÉ HILL	CEMET		11-27			, WASH., MD.
	· R. hou	Brady	5	AND 40	REW K.	COFFN IETAM	MÄN FUNERA	AL HOME	, INC. MD. 21740
	23. PART I. Enter the diseesea, or ahock, or heart fellure	complications that cause. List only one cause on	ed the death. Do						Approximate Interval Batween
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Pucma		(FDt	ma				Onset and Death
TION	Sequentially list conditions, if any, leading to immediate	b. DUE TO (OR AS	441	Musci	F	Pup	Tune	/	DALES
CERTIFICATION	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	QUE TO (OR AS	A CONSEQUENCE	Hicea	TE !	146	CHILLAR	- INT	noter Office
CER		d. CO Man	my	ri / Gh	7 1	16 5039	RE		700.
DICAL	PART II. Other eignificent condition	ne contributing to deeth	but not resulting	Hort		given in Pa	PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
ME	CTENUSIS	+ MUFF	- Clark	7			_	A	OF DEATH? 1 YES 2 NO
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF D	EATH (Check	k only one)		
PHYSICIAN:	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou						MENOG	
ВУ РН	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		JURY	WORK?		28d. DESCRIBE HOW I	NJURY OCCURE	0
8	3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJUR building, etc. (Sp	Y — At home, farm	street, factory,	offica	2	City or Town, State)	and Number or Ro	ural Route Number,
COMPLET	one) —	BICIAN: To the best of my kno							use(a) and manner as stated.
BE CC	296 Stofefung had firth or centure		Dur			ENSE NUMBI			NED (Month/Day, Year)
5	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE OF D	EATHLITEM 27) (Ty	o, Print)	110	1/00	0 /	- ///	24/15
	TCP HCW ME 31. DATE FILED (Month, Day, Year)	TZWEV 1	and o	1785	towe	u/	2d this	lans	row la
	110 V 2 6 1993	Foly Denden R							DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Flours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
BAL	fter deat	the fun
	ours a	d in by
		y fille
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	IAN: The law requires that the death certificate be executed with	tificate has been signed by the attending physician and complete
J.	YSICI	S Cer
N	G PH	er this
0	NDIN	E Afte
DIVIS	OR ATTE	DIRECTOR

Anthon H. How 31. DATE FILED (Morith, Day, Year) NOV 2 3 1993

	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MEN CERTIFICATE OF DEATH 1. DECEMENT'S NAME (First, Middle, Last)										MENTAL HYGIENE 93 36 REG. NO.		
	~ ~ ~		Allen	54.	JAGE				MON		AY	YEAR	3. TIME OF DE
	4. SOCIAL SECURITY NUM	zey	5. SEX	6. AGE (In yrs.			VEAD I	IF UNDER 24 HRS.	7 707		7 7	3	8.20
	200 52	77-83	1 M 2 F	39	YRS.	MONTHS DAYS HOURS MIN			(Mon	th, Day, Year)	L-4	Country	PLACE (State or
	Se. FACILITY NAME (If not	institution, give	- /-		9b. CITY, TOWN OR LOCATION OF DEA					ATN Se. COUNTY OF DEATH			
5	3754 R	Reich	and RD		FAIR PLAN						INA	. 1	· for
5	RESIDENCE OF DE	ECEDENT							100.) , , , ,		
DIRECTOR	100. STATE	10b. COUNT	Washingto	ND.		Y, TOWN OR		N					10d. INSIDE CI
	100. STREET AND NUMBE		masiring ic	/11		AIRY		P CODE			10a CITI	ZEN OF W	1 YES 2
R.	8754		chand "	RD			1000	2173	2			SA	THAT COUNTRY
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. WA		DENT OF NISPA	NIC ORIGI	IN? (Specify Yes			- American in
	1 Never Merried 2		FORCES?	MAR OR DATES	X) NO	H y	res, specif	ty Cuban, Mexica	n, Puerto				c, White, etc.
BY	3 Widowed 4 Din	vorced						7					White
TED		ECEDENT'S EDI only highest grad		16a.	(Give kind of	Work done dur		of working	16	b. KIND OF BU	SINESS/IND	USTRY	
COMPLET	Elementary/Secondary	(0-12)	College (1-4 or 5		Iffe, Do NOT u	V. C. C. L.				4	_		
MC	17. FATNER'S NAME (First,	Middle, Leath		· _ B	rick M	lason	1	8. MOTHER'S NA		Masoner		nstr	uction
	Mart		Edward	S:	avage			Mary		Joans		He	adlev
BE	19e. INFORMANT'S NAME					ADDRESS (S	Street and						20.07
10	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3754 Reichard Road Fairplay, MD 21733												
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of cametery, company or other place) 20c. LOCATION — City or Town, State 20c. LOCATION — City or Town, State												wn, Stata
	Commeter, cermatory or other place) Hampson Cemetery Nov. 20. 1993 Pleasantville.Ohio												
	23. PART I. Enter the	diseases, or	complications the	ot caused the	death. Do	P.	0.Bo	E FUNER × # 348 of dying, euc	3 Wi	lliamsp			Approxi
	23. PART I. Erber the shock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heert fallure.	complications the List only one can	use on each i	ine.	P. not enter th	0.Bo	of dying, aud	B Wi ch ea car	lliamsp	Iratory erro	eat,	
rion	immediate cause (F disease or condition	heert fellure	a. Self IA DUE TO	use on each i	Ine.	P. not enter th	0.Bo	of dying, aud	B Wi ch ea car	lliamsp	Iratory erro	eat,	Approxi
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ETED BY PHYSICIAN: MEDICAL	Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 2 Accident 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only) 1 CEI	ilitione, rediate ying all ying and the pending investigation could not be determined attempted.	a. Self in Due to b. Due to c. Due to d	USE ON BEEN OUT OF INJURY	SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O	P. not enter the street, factory	O. Bo ne mode 26. PLAC g No. IND. I'm WORK 1 U YES y, office e, date and	of dying, euc Woung euse given in E OF DEATN (C) Residence AT 2 NO	Part I.	24a, WAS AN PERFOI 1 WES 2 CATION (Street y or Town, Stele)	AUTOPSY amed Number	24b.	Approxi interval Onset a Onset
D BY PHYSICIAN: MEDICAL	Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 2 Accident 2 Accident 3 Suicide 6 4 Homicide 29e. CERTIFIER (Check only) 1 CEI	ilitione, nediate ying plury last Condition TO MEDICAL Pending Investigation Could not be determined RTIFYING PHYSEDICAL EXAMIN	a. Self IA DUE TO b. DUE TO c. DUE TO d	USE ON BEEN OUT OF INJURY	SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O SEOUENCE O	P. not enter the street, factory	O. Bo te mode 26. PLAC g Nome Bo. INJUM WORK 1 U YES 7, office e, date annion, deat	of dying, euc Woung euse given in E OF DEATN (C) Residence AT 2 NO	Part I. Part I. 281. LO Ch	24a, WAS AN PERFOI 1 WES 2 CATION (Street y or Town, Stele)	AUTOPSY MED? INJURY OCCURANT AUTOPSY MADER?	24b.	Approxi interval Onset a Onset

Meadow

32. RESISTRAR'S SIGNATURE

wi

8. BIRTHPLACE (State or Foreign Country)

West Virginia

14. RACE — American Indian, Black, White, etc.

SpecMy: White

10d. INSIDE CITY LIMITS?

1 YES 2 NO

Washington

10g. CITIZEN OF WHAT COUNTRY?

9c. COUNTY OF DEATH

29c. LOCATION — City or Town, State

3. TIME OF DEATH 2:55 p.

FUNERAL DIRECTOR

BY

COMPLETED

2

Once.

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notified

pe

must

examiner

medical

the

traumatic event,

or other

23 shows any Injury.

6

IMPORTANT: It item 28 is marked,

문문을

23

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

5

1. DECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH

Matthew	DIE V					ENS Novem				26,1	993	
4. SOCIAL SECURITY NUM		5. SEX		8. AGE (In yrs. lest birthday)			R IF UNDER 24 HRS. B HOURS MIN.		7. DATE OF BIRTH	_	8. BIRTH Countr	
216-14-6966	77	YRS.	MONTHS	DAYB	noons	wire.	May 2, 191	.6	West			
9a. FACILITY NAME (If not in		9b. CIT	Y, TOWN	OR LOCATI	ON OF D	EATH	9c. COU	NTY OF D				
1180 Kenley Square Apt. 7						Hage	ersto	wn			Wash:	
RESIDENCE OF DE	CEDENT							-				
10a. STATE	Se. STATE 10b. COUNTY 10c.				Y, TOWN	OR LOCA	ATION					
Maryland	Wash:	ington			Hagerstown							
10e. STREET AND NUMBER						110	of. ZIP COD	E .		10g. CIT	TIZEN OF W	
1180 Kenle	y Squa	re, Apt	7		21740 U				U	SA		
11. MARITAL STATUS 1 Never Married 2 K 3 Widowed 4 Dive			TEVER IN U.S. ARM		13	If yes, s	CENDENT (pecify Cube S 2 NO	DF HISPAI In, Mexico Specif	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) ly:	or No-	14. RACE Black Speci	
	CEDENT'S EDU		(GA	CEDENT'S USUAL OCCUPATION ive kind of work done during most of working				00	16b. KIND OF BUSINESS/INDUSTRY			
Elementary/Secondary (0-12) College (1-4 or 5+)				^{№. Do NOT use retired.)} ectronics Technician				.an	Go	Government		
17. FATHER'S NAME (First, A	11121	y Steven	s				18. MOT		AME (First, Middle, Maiden arrie Smith			

20s. METHOD OF DISPOSITION
1 ☐ Burlel 2 ☒ Cremation 3 ☐ Ramoval from State
4 ☐ Donation 6 ☐ Other (Specify) Hagerstown Crematory 11-27-93 Hagerstown, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
MINNICH FUNERAL HOME fred LiVestal 415 E. Wilson Blvd., Hagerstown, Md.21740 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metalitie Ce Protet OUE TO (OR AS A CONSEQUENCE OF):

20b. PLACE AND OATE OF DISPOSITION (Name of

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST

19a. INFORMANT'S NAME (Type/Print)

Mary Catherine Stevens

DUE	то	(OR	AS	A	CONSEQUENCE	OF):

DUE TO (OR AS A CONSEQUENCE OF).

PART I	. Other	significant	conditions	contributing to death but not resulting in the underlying cause given in Part I.
	DM	AS	CVD	memig

24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 4 NO

28d. DESCRIBE HOW INJURY OCCURED

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

11.26ng 3

Approximate interval Betwe

Onset and Death

9 mitty

25.	WAS	CASE	REFERREO	то	MEDICAL				
	EXAMINER?								
	1 🗌	YES	2 1 40						

26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:

		_		
Residence	6		Other	(Specify)

19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

1180 Kenley Square #7, Hagerstown, Md 21740

OATE

28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident

6 Could not be

26c. INJURY AT WORK? 28b. TIME OF INJURY 1 YES 2 NO

28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a.	CERTIFIER	1	CERTIFYING	PI

3 Suicide

4 Homicide

HYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opini	on, death occured at the time, date and place,	and due to the cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE StGNEO (Month, Day, Year)

P18019

V-TIDET MO 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VASANT	DATTA,	mo	334	MILLST	MAREASTOWN,	m0	21740

31. DATE FILED (Month, Day, Year)

32, REGISTRAR'S SIGNATURE when Dandson-Randaul

OHMH-16 Rev 1/89

use as the burlal-transit nours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, r this certificate h h with the State [FUNERAL DIRECTOR: After I within 72 hours after death 2.1132 22

	ľ	HENRIETTA	Middle, Last)	NTON S	TEGMAI	ER					NOV		9,19	93	3. TIME OF DEATH
	4.	SOCIAL SECURITY NUMBER	in .	6. SEX	6. AGE (In yra. I	last birthday)	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	(Month	OF BIRTH , Day, Year)		8. BIRTI	
	-	214-05-66		1 M 2 F	80	YRS.	9h. CITY	y, TOWN C	B LOCATI	ON OF DE		.26,1		MA INTY OF D	RYLAND
OR		SACRED HE	ART		L			UMBE							GANY
DIRECTOR	_	e. STATE	10b. COUNT	Y		10c. CIT	ry, town (OR LOCAT	TON						10d. INSIDE CITY
		ARYLAND	ALI	EGANY		C	UMBE		ND				T		1 🖔 YES 2 🗌 NO
FUNERAL		31 N. PROS	PECT	SQUARE				101	215	-				.S.	
BY	1	MARITAL STATUS Never Merried 2 1 1 Widowed 4 Divor			NT EVER IN U.S. A I YES 2 () WAR OR DATES				ecify Cubi	ın, Mexica	in, Puerto I	I? (Specify Ye Rican, etc.)	s or No—	14. RAC Blac Spec	E — American Indian, ck, Whita, etc.
COMPLETED		15. DECE (Specify only Elementary/Secondary (0-		CATION completed) College (1-4 or 8	- 7	Give kind of life. Do NOT u	work done see retired.)	during mo	ON list of worki	ing	16b	BANK		DUSTRY	
BE COM	13	FATHER'S NAME (First, Mic JAMES COOK										Middle, Maider	n Surname)	N	
10		VANDA DOLL										UMBE			MD 21502
	20	e. METHOD OF DISPOSITE	ON 3 G Ram	noval from State	other	CE OF DISPO	SITION (N			metory or		20c, L	OCATION —	- City or T	Town, State
	3	Donation 5 1 Other	Specify)		_ R0	SE H		CEM.			<i>//-225</i> voiluty		CUMBI	ERL <i>P</i>	AND, MARY
	H 21								0 = 1						
	21	Mend	62 7	axhene	1										E, P.A. MD 21502
	2	3. PART I. Enter the dis	seeses, or ert fellure.	exhuno	et caused the use on each il	deeth. Do	2	02 (GREE	NE	ST.,	CUMB	ERLA	ND,	MD 21502 Approximate Interval Betw
	2 III d	3. PART I. Enter the di	seeses, or ert fellure.	Complications the	use on each II	ne.	not enter	02 (GREE	NE	ST.,	CUMB	ERLA	ND,	MD 21502 Approximate Interval Betw
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is marked, or item 23 shows any injury, or other traumatic event, the medical

IMPORTANT: If Item 28

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burial-transit

if or attending physician, for use as the burial-tran

examiner must be notified at once,

MARYLAND 21215-0020

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY **MELVINA** NELDA SNELLING November 20 1993 1:28 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.
MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH (Month, Day, Year) 4. SOCIAL SECURITY NUMBER B. BIRTHPLACE (State or Foreign Country) 1 🗆 M 2 😾 F 214-07-2579 YRS. Germany 9a. FACILITY NAME (If not institution, give street and nur 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR Memorial Hospital Cumberland **Allegany** 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Allegany Cumberland 1 TYES 2 NO BE COMPLETED BY FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 229 Baltimore Avenue 21502 USA 13. WAS DECENOENT OF HISPANIC ORIGIN? (Specify Yes or No-if was seecify Cuban, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Ri

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced Specify: white 15. OECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEGENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) Loopold Krotohm: 9 20a, METHOD OF DISPOSITION
1 D Burlel 2 Cremetion 3 Removal
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS **(** 23. PART I. Enter the diseases, or comp ahock, or heert fallure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificent conditione co 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HC 1 Q 27. MANNER OF DEATH 1 Natural 5 Pending trivestigation BY 2 Accident 3 Suicide COMPLETED 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN

17		1 retired	1			tovtile		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N	AME (First, Midd	lle, Malden Surname)		
Loopold Krotal	oman			Louis	e Sh	111+2		
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street			City or Town, State, Zip Co	de)	
Botty	Liberatto	805	Cumbe	erland Ma	nor An	t Cumberl	and	MD 2150
20a, METHOD OF DISPOSITION 1 & Burlel 2 Cremation 3 Rem		Ob. PLACE AND DATE OF D		lame of	DATE	20c. LOCATION — City	or Town, S	itate
4 Donation 5 Other (Specify)	C C	emetery, crematory or other Restlawn M	emoria	1 Garden	5 11/2	LaVale	MD	
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	11	22. NAME A	ND ADORESS OF F	ACILITY			
James 7	2 Alcan	pulli		rpelli berland			1502	
23. PART I. Enter the diseases, or	complications that caus	ed the death. Do not	enter the m	ode of dying, su	ch ee cerdiec	or reapiratory errest		Approximete
ahock, or heert failure.	List only one ceuse on	each line						intarvai Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)		Prece	uaj.	1				Onset and Death
resulting in death)	DUE TO (OR AS	A CONSEQUENCE OF):					1	
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if eny, leeding to immediate cause. Enter UNDERLYING		0	,					
CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OFI:						
resulting in death) LAST	d							
PART II. Other eignificent condition	- Contributing to death	hlo Diche		ng cease given in		e. WAS AN AUTOPSY PERFORMED?	COM OF E	LABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			20.1	PLACE OF DEATH (C				
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	me 5 Residence		Dec(fy)		
27. MANNER OF DEATH	28s. DATE OF INJUR	Y 26b. TIME O	F 28c. 1h	JURY AT		BE HOW INJURY OCCUR	ED	
1 Natural 5 Pending	(Month, Day, Year) INJURY		YES 2 NO				
2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU	RY — At home, farm, stree	et, factory, offi	ce	261. LOCATIO	ON (Street and Number or	Rural Route	Number,
4 Homicide determined	building, etc. (S)	овспу)			City or To	own, State)		
	ICIAN: To the best of my kno						euse(s) and	manner sa stated.
29b. SIGNATURE AND TITLE OF CERTIFIE		and the same of th		29c. LICENSE NU		29d. DATE SI	-	
1/hu				D 36766		DATE S	In	123
30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	int)					
Dr. Vik Poonai	PO Box 338	Cumberland.	MD 2	1501				
Dr. Vik Poonai 31. DATE FILED (Month, Day 3917) 1993	32. BEGISTRAR'S SIG	GNATURE			16.7		FA	
								OHMH-16 Rev 1/89

REG. NO

(-)	Z	unit Pages 1/2, 3 should
BALTIMORE, MARYLAND 21215-0020	yours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit, on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the hospital or attending physician.	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit mult more yet, 3 should in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 16 1993 YEAR МОНТН SUTHERLAND 02:23 ALWILDA 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HMS. March 10 1908 DAYS 1 M 2 X F 85 YRS. 213-74-4060 Md 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL **ALLEGANY** CUMBERLAND, MD. RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Allegany Westernport, 1 Md FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 118 Elaine St 21562 US 13. WILS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married Specify: White BY 3 Wildowed 4 Divorced ETED. 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Unknown Cellulose Acetate Manuf. Celanese Employee once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) to George Gardner BE Mary Katherine Dve notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dottie Sterling 126 Elaine St., Westernport, Md. 21562 must be 20a. METHOD OF DISPOSITION
1 X Buriel 2 Cremation 3 Removel from State
4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State tory, cromatory or other place)
Philos Cemetery 11-18+93 Westernport, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Boal Funeral Service dy Westernport, Md. 111 Church St. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such se cardiac or respiratory errest, shock, or heart fellure. List only one cause on each line. Approximate Interval Betw IMMEDIATE CAUSE (Finel Onset and Death the state disesse or condition resulting in death) ACUTE RESTIRATORY FAILURE. event, DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): traumatic PNEUMONITIS CERTIFICATION Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): PSEUDEOBSTRYCTION CAUSE (Disease or Injury that initiated events resulting in death) LAST Injury, or PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL эпу 1 TYES 2 PT NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATH (Check only one) HOSPITAL:
1 Pinpatient 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 90 COMPLETED 6 Could not be 28 4 🔲 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITE
TO THE FUNERA
De filed within 7.
IMPORTANT: IL 2 MEDICAL EXAMINER: On the besie of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE MD 0-23534 11/15/93 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED GAUSE OF DEATH (ITEM 27) (Type, Print) SHAH, M.D. P.C. BOX (EI, PINTO, MB 21556 DINGSH 32 REGISTRAR'S SIGNATURE 31. DATE FILEO (Month, Day, Year)

NOV 24 1993

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with. Flours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filled within 72 hours after death with the State Dept. of Health and Mental Horisep prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
CERTIFICATE OF DEATH	REG. NO.

93 36153

REGISTRAR 1. DECEDENT'S NAME (First, Middle	(and)	CERTIFIC	AIE OF L	JEATH	REG. NO.		T
CHIEF CONTRACTOR CONTRACTOR		7.6			2. DATE OF DEATH DAY	YEA	
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	11 23	93	6:45 A
131-18-3005	1 🗆 M 2 🖵 F			HOURS MIN.	(Month, Day, Year) 12/4/10	Co	(ARYLAND
So. FACILITY NAME (If not institution	n, give street and number)		b. CITY, TOWN OR	LOCATION OF DE		9c. COUNTY O	
FPOSTRIIS	RG HOSPITAL INC		EDUCI	TBURG	10 0.50	۸۱۱	LEGANY
RESIDENCE OF DECEDE	COUNTY					AL	
MARYLAND	ALLEGANY	10c. CITY,	TOWN OR LOCATIO	PN .	FROSTBU	RG	10d. INSIDE CITY
10s. STREET AND NUMBER			101.7	IP CODE		Ma CITIZEN O	1) YES 2 □ NO F WHAT COUNTRY?
OZ E MATN G	mprem			21532	(1)		.A.
87 E MATN S	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECEN	IDENT OF HISPAR	HC ORIGIN? (Specify Yes o	No. 14 B	ACF — American Indian
1 Never Married 2 Merrie 3 X Widowed 4 Divorced	FORCES? 1 YES	DATES		Ify Cuben, Mexica NO Specify	n, Puerto Rican, etc.)		lack, White, etc.
				Λ.			WHITE
(Specify only higher	'S EDUCATION st grade completed)	(Give kind of wor	k done during most	of working	16b. KIND OF BUSIN	IESS/INDUSTR	Y
Elementary/Secondary (0-12)	College (1-4 or 8 +)	CLERK	omea.)		SHOE	STORE	
17. FATNER'S NAME (First, Middle, L	ast)		0.1	18. MOTNER'S NA	ME (First, Middle, Meiden Su	rname)	
ANTHONY La	PORTA				IE BOLLINO		
19e. INFORMANT'S NAME (Type/Pric		19b. MAILING AI	DORESS (Street and	Number or Rural i	Route Number, City or Town,	State, Zip Code)	
CHARLES SAPIEN	ZA	RT 2,	BOX 8680	, MILFO	PRD, PA 1833	37	
20e METNOD OF DISPOSITION 1 Description 2 Comments 3 (Removel from State	b. PLACE AND DATE OF		eof	DATE 20c, LOCA	TION — City o	Town, State
4 Donation 5 Other (Specif	(v) ST	MICHAEL.	CEMETER	RY.	11/27 FROS	TBURG,	MD 21532
21. SIGNATURE OF PURERAL SETS	VICE LICENSEE	,	22. NAME AND	ADDRESS OF FA	CHITYCOLIERS ET	INFRAT	HOME, P.A.
					DOMEND L	MEIGH	morring, rearre
· 7/1/1/10	11 7/1. XIOI	vers	60 W.	MAIN ST	., FROSTBUF	RG, MD	21532
23. PART I. Enter the discess	os, or complications that cause	ed the death. Do not	60 W	MAIN ST	., FROSTBUF	RG, MD	21532
23. PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Finel	ellure. List only one cause on	eech line.	60 W.	MAIN ST	h se cerdiec or respire	tory srreet,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition	ellure. List only one cause on	eech line.	60 W.	MAIN ST	h se cerdiec or respire	tory srreet,	Approximate Interval Between
IMMEDIATE CAUSE (Final	ellure. List only one cause on	eech line.	60 W.	MAIN ST	h se cerdiec or respire	tory srreet,	Approximate Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR AS	A CONSEDUENCE DF):	60 W.	MAIN ST	h se cerdiec or respire	tory srreet,	Approximate Interval Between
shock, or hear to	ellure. List only one cause on	A CONSEDUENCE DF):	60 W.	MAIN ST	., FROSTBUF	tory srreet,	Approximate Interval Between
shock, or heart to immediate cause. Enter UNDERLYING CAUSE (Disease or injury immediate cause. Enter UNDERLYING CAUSE (Disease or injury immediate cause.	DUE TO (OR AS	A CONSEDUENCE DF):	60 W.	MAIN ST	h se cerdiec or respire	tory srreet,	21532 Approximate Interval Between
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TO (OR AS DUE TO | A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in ty—At home, ferm, stre | the underlying of the underlying of the underlying of the underlying of the underlying of the underlying the underlying to the underlying | MAIN ST of dying, euc order Lype cause given in | Part I. 24a. WAS AN AI PERFORM 1 YES 2 COCK only one) 6 Other (Specify) 28d. DESCRIBE HOW INJ | TOPSY ED? | Approximate interval Betwee Onset end De Conset Shock, or heart for the control of
the control of t | DUE TO (OR AS DUE TO | A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in tipstient 3 DOA 4 28b. TIME of INJURY At home, farm, streecity) | the undarlying of 25. PLAC 25. PLAC THER: Nursing Nome PF 28c. INJUR W N 1 YES | MAIN ST of dying, euc order Lype Cause given in CE OF DEATN (Ch 5 Residence TY AT CS 2 NO | Part I. 24a. WAS AN AI PERFORM 1 YES 2 Cother (Specify) 28d. DESCRIBE HOW INJ
 | TTOPSY EO? | Approximate interval Between Onset end De Conset Shock, or heart for immediate cause or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent continued in the conditions of the conditions o | DUE TO (OR AS DUE TO | A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in typatient 3 DOA 4 28b. Time (NJUR TY — At home, farm, streedly) | the undarlying of the undarlying of the street, factory, office at the time, date or
 | MAIN ST of dying, euc order Lype cause given in ce of Death (Ch 5 Residence sty AT S 2 No | Part I. 24a. WAS AN AI PERFORM 1 YES 2 9 eck only one) 8 Other (Specify) 28f. LOCATION (Street enc. City or Town, Stete) | TOPSY EO? WAY OCCURED IN Number or Rule or as stated. | Approximate interval Betwee Onset end De Conset Shock, or heart for immediate cause or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent continued in the conditions of the conditions o | DUE TO (OR AS DUE TO | A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in typatient 3 DOA 4 28b. Time (NJUR TY — At home, farm, streedly)
 | the undarlying of the undarlyi | MAIN ST of dying, euc of dying, eu | Part I. 24a. WAS AN AN PERFORM 1 Other (Specify) 28f. LOCATION (Street enc. City or Town, Stete) to the cause(s) and menner time, data and place, and | TTOPSY ED? If Number or Rule or as stated, due to the course | Approximate interval Betwee Onset end Dei Conset end Dei Conset end Dei Conset end Dei Completion of | | | |
| Shock, or heart for the control of t | DUE TO (OR AS DUE TO | A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): A CONSEDUENCE OF): Dut not resulting in A conseduence of): A co | the undarlying of the undarlyi | MAIN ST of dying, euc order Lype cause given in ce of Death (Ch 5 Residence sty AT S 2 No | Part I. 24a. WAS AN AI PERFORM 1 Other (Specify) 28d. DESCRIBE HOW INJ 28f. LOCATION (Street enc. City or Town, Stete) to the cause(s) and manner time, data and place, and rime, data and place, and rime. | TTOPSY ED? If Number or Rule or as stated, due to the course | Approximate interval Betwee Onset end Dei Care Autopsy Finom AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO |
| Shock, or heart for the control of t | DUE TO (OR AS DUE TO | A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): but not resulting in tipatient 3 □ DOA | the underlying of the underlying of the underlying of the underlying of the underlying of the underlying to the underlyi | MAIN ST of dying, euc of dying, eu | Part I. 24a. WAS AN AL PERFORM 1 YES 2 Deck only one) 8 Other (Specify) 28d. DESCRIBE HOW INJ. 28f. LOCATION (Street enc. City or Town, Stete) to the cause(s) and mennetime, data end place, end. WBER | TOPSY ED? A Number or Rule or as stated. due to the ceur | Approximate interval Betwee Onset end Dei Conset end Dei Conset end Dei Conset end Dei Completion of |

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	FOR
1	STATE
	REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERT	IFICATE OF	DEATH	REG. NO	D.			
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH	0.414	MEAN	3. TIME OF DEATH	
LEROY	C.		SMELTZ		NOVEMBER	23.	1993	3:00A	
4. SOCIAL SECURITY NUMBER 214075200	5. SEX 1 M 2 F	6. AGE (In yrs. last birthda YRS	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Dec. 16,		8. BIRTH Countr	PLACE (State or Foreign	
99. FACILITY NAME (# not institution, give st Memorial Hospital	,	al Center	96. CITY, TOWN Cumber	or Location of D		9c. COU	нту оғ в Legai		
10a. STATE 10b. COUNTY	egany	t0c. (Prosting				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 118 Bowery St.	•		10	21532			N OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 { IF YES, GIVE WI	EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, s		NIC ORIGIN? (Specify Yen, Puerto Rican, etc.) by:	es or No—	14. RACI Blaci Spec	E — American Indien, k, White, etc.	
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind life. Do NO	T'S USUAL OCCUPATI of work done during m T use retired.)	ON osl of working	Glass				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maide		0012	-	
Charles Smelt					Donahue				
19e. INFORMANT'S NAME (Type/Print) Ruth Dickinson	1.		_		Route Number, City or To				
20e. METHOD OF DISPOSITION 1	oval from State		TEOFDISPOSITION (A prother place)		11/24 Sm	ocation —			
21. SIGNATURE OF FUNERAL SERVICE LIC	Hern		22. NAME A	ND ADDRESS OF FA	Home, Fr.	ostbu	rg,	Md. 21532	
ahock, or heart feilure. If IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	OR AS A CONSEQUENCE	Kenal	Antst Jaily Nehla	wein			Interval Betwee	
CAUSE (Disease or Injury that initiated events resulting in dasth) LAST PART II. Other algnificant condition	d	or as a consequence		-	Part I. 24a. WAS A PERFC	IN AUTOPSY DRMED? 2 NO	, 24h	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?	
	Old ge	Hyla	Classian					1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, F	LACE OF DEATH (C)	neck only one)				
1 TYES 2 THO		ER/Outpatient 3 DO	A 4 Nursing Ho		5 Other (Specify)				
27. MANNER OF DEATH 1 Matural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, De		M 1	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OC	CURED		
- C Accident		INJURY — At home, fan	m, street, factory, offi	C0	281. LOCATION (Street end Number or Rural Route Number, City or Town, State)				
3 Suicide 8 Could not be determined	28e. PLACE Of building, a	itc. (Specify)						TOOLS PORTLOW,	
3 Sulcide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of	my knowledge, death occurrence amination end/or investig							
3 Sulcide 8 Could not be determined 29e. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of a	my knowledge, death occ			time, date and place,	end due to ti	he cause(
3 Sulcide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINED	CIAN: To the best of a	my knowledge, death occ		death occured at the	time, date and place,	end due to ti	he cause(e) end manner ee stated.	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us fully written 70 hours after death with the State Bent of Health and Mental Houlese notice to build command on removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lat.)	10		ERTIF	ICATE	: OF	DEA	Н	2 DATE	REG. NO			3. TIME OF DEATH		
Katherine Lelah	Sourwine							1 I MONTH	28	93	YEAR	8:05PM		
4. SOCIAL SECURITY NUMBER 220 34 1466	5. SEX 1 M 2 F	6. AGE (In yrs. II		IF UNDER	1 YEAR DAYS	#F UNDER	24 HRS. MIN.		PR 896		8. BIRTI Count	BIRTHPLACE (State or Foreign Country) PENNA		
9a. FACILITY NAME (If not institution, ghad a Baltimore Strength of December 1		GTON AP	APTS. Cumberland								Alleg	EATH		
10a. STATE 10b. COU	egany	y Cumberland										10d. INSIDE CITY LIMITS? YES 2 NO		
100. STREET AND NUMBER KENSINGTON Apts			2150						WHAT COUNTRY?					
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Guban, Maxican, Puerto Rican, etc.) 1 YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Guban, Maxican, Puerto Rican, etc.) 1 YES 2 NO Specify:										Blac	RACE — American Indian, Black, White, etc. Specify: WHITE			
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12+2 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 18b. KIND OF BUSINESS/INDUSTRY SECRETARY														
17. FATHER'S NAME (First, Middle, Leet) WILLIAM CONRAD KEIM LATICIA DEEMER														
19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) CHARLES FREDERICK HILL P.O.BOX#92 CUMBERLAND MARYLAND 21502														
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	ernovel from State		e and date				NOV :	29 19		MBER		MARYLAND		
21. SIGNATURE OF FUNERAL SERVICE	errit	MERRITT-ADAMS FUNERAL HOME												
23. PART I. Enter the diseases, cahock, or heert fellur iMMEDIATE CAUSE (Finel disease or condition resulting in death)	e. List only one can	e head	and n	eck t	the mo	de of dy	Ing, suc	h aa card	CUMB	Iratory ar	ND M.	APVI AND Approximate interval Batwee Onset and Dear		
Sequentially list conditions,	Patient	DUE TO (OR AS A CONSEQUENCE OF): atient fell down stairs DUE TO (OR AS A CONSEQUENCE OF):												
if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	T.I.A.	T.I.A.S DUE TO (OR AS A CONSEQUENCE OF):												
	d	death but not	resulting	in the un	derivino	1 cause (alven in	Part i.	24a, WAS AN	ALITOPSY	246	. WERE AUTOPSY FINDINGS		
Dementia; hype		onfributing to death but not resulting in the underlying cause given in							PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER	1:	11		eck only on						
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF (Month, L) 1/28/	P M	28c. INJURY AT 28				28d. DESCRIBE HOW INJURY OCCURED patient fell down stairs							
3 Suicide 8 Could not 4 Homicide detarmined								281. LOCATION (Street and Number or Rural Route Number, City of Town, State) 1 Baltimore St Cumb Md 21502						

SE HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Paul S 124 3rd Cumb Md 21502 Snow, M. D W st

11/28/93

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 36156

	- STATE REGISTRAR	CERTIF	ICATE OF	DEATH	REG. NO									
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATN							
	LULA NAZELRO	D SCHAID	T		11 29	9 93	23:35 pM							
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	# UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, BI	RTHPLACE (State or Foreign							
- 3	214-36-6866 1□M2及F	83 YRS.	MONTHS DAYS	HOURS MIN.	Apr 15	1910	VA							
	9a. FACILITY NAME (If not institution, give street and number)		9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY O	F DEATH							
DIRECTOR	MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND, MD ALLEGANY													
Ä	10e. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?							
5	MD Allegany	01	dtown				1 YES 2 JNO							
A	10e. STREET AND NUMBER		10	ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?							
FUNERAL	Box 53			2155	5	USA								
5	FOROTOR	NT EVER IN U.S. ARMED			NC ORIGIN? (Specify Year, Puerto Rican, atc.)	e or No- 14, R	IACE - American Indian, lisck, White, stc.							
ВУ		WAR OR DATES X		2 NO Specify			pecity:							
	15. DECEDENT'S EDUCATION	MA DECEDENTIE	USUAL OCCUPATION	241	40. 100.00.00		white							
COMPLETED	(Specify only highest grade completed)	(Give kind of a	work done during me		166. KIND OF BU	ISINESS/INDUSTR								
2	College (1-4 or 5+)													
MO	17. FATNER'S NAME (First, Middle, Last)	homem	aker	18. MOTHER'S NA	ME (First, Middle, Maider	vn home								
	T N I A													
BE	Tames Nazelrod 19a. INFORMANT'S NAME (Type/Print)	19b. MAILING	ADDRESS (Street a		Mitchel Route Number, City or Tox		1							
2	Tohn N Cohoid													
	John N Schaidt 2430 28 Barryville Pike Winchester VA 22603 20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DATE 20c. LOCATION - City or Town, State													
	1 M Burial 2 Cremetion 3 Removal from State Cemetery, cremetory or other place Sunset Memorial Park 12/02 Climborland MD													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Suisec Me	22. NAME A	ID ADDRESS OF FA	CILITY		nd MD							
	1/ ha 12 7 h/a	amell			Tuneral H									
$\overline{}$	Carel No	agua	Cumb	erland	Marylar	nd 215								
	23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one ca	at caused the death. Do r	not enter the mo	de of dying, such	h as cardiac or resp	dratory arrest,	Approximate Interval Between							
	IMMEDIATE CAUSE (Final disease or condition	Marionela	21/1	In. de			Onset and Death							
	resulting in death) - a. //////////////////////////////////													
	Haven I = instantin													
CERTIFICATION	Sequentially list conditions,													
FA	If any, leading to immediate cause. Enter UNDERLYING													
F	CAUSE (Disease or Injury that initiated events DUE TO (on As A CONSEQUENCE OF):													
F	resulting in death) LAST													
8	A													
DICAL	PART II. Other agnificant conditions contributing to	death out not resulting	in the underlying	g cause given in	Part I. 24s. WAS AN PERFO		24b. WERE AUTOPSY FROMGS AVAILABLE PRIOR TO							
8	_ JOW DUMININ	() UTILITY IN	7		1 TYES	NO	OF DEATH?							
ME		-//				///	1 - VES 2 - NO							
ä														
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:													
1S	Tipour tires.	☐ ER/Outpatient 3 ☐ DOA		e 5 🗆 Residence	6 C Other (Specify)									
H	27. MANNER OF DEATH 28s. DATE O		E OF 25c. INJ	URY AT	284. DESCRIBE HOW	INJURY OCCURED)							
≥	1 X Hatural 5 Pending 2 Accident Investigation		M 1 🗆	YES I NO										
		OF INJURY — At home, farm, t , etc. (Specify)	street, fectory, offic	•	281. LOCATION (Street City or Town, State	and Number or Ru	rel Ploute Mumber,							
E	4 Deminide determined				100000000000000000000000000000000000000									
COMPLETED	29a. CERTIFIER Check only ERTIFYING PNYSICIAN: To the bast of	f my knowledge, death occurr	ed at the time, data	and place, and due	to the cause(s) and ma	nner se stated.								
S O	one) EXAMINER: On the basis of						se(a) and manner as stated.							
	296. SIGNATURE AND THE OF CENTREER	1		29c. LICENSE NUI	MBER	29d, DATE SIG	NED (Month, Day, Year)							
BE	/ Challemin	No		D1604		► //	30-93							
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAN	JSE OF DEATN (ITEM 27) (Type	, Print)	21004.		- /	10							
	DR. TERRY WILLIAMS, MEMO	RIAL HOSPITA	AL MEDIC	AL BLDG	CUMBERT AN	D. MD	21502							
	31, DATE FILED (Month, Day, Year) REGISTR	AR'S SIGNATURE			COLIDITION	2, 110	L- 1 J V &							
	DEC 0 2 1993	min- frederic					C 3 'N W							

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CALL FIRE WILLIAM

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 6 may be retained by the hospital or attending physician.
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FOR STATE REGISTRAR
1. DECEDENT'S NA
WALTER
4. SOCIAL SECURI
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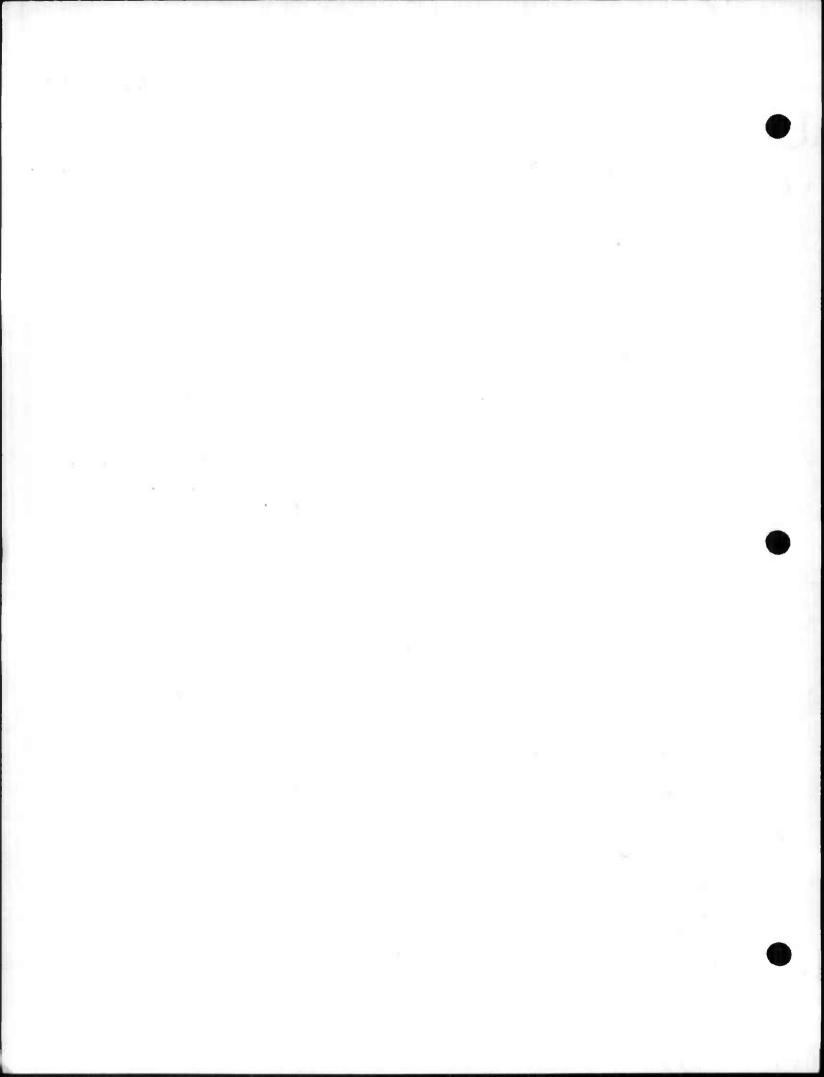
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CER	TIFICATI	E OF	DEATH	RE	G. NO.	70	10101		
- 3	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DE	ATH	0.00	3. TIME OF DEATH		
	WALTER J. SLATC	HER			52 1	TCHER	MONTH	RG . 15	YEAR	0/25 M		
- 1	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birt	thday) E IMPE	R I YEAR	IF UNDER 24 HRS.	7. DATE OF BIF	12 / 72 / 21	1773	HEN ACE (State or Coming		
	221 07 4613			YRS. MONTHS	-	HOURS MIN.	12-5-1	Year) 1	De.	HPLACE (State or Foreign try)		
_ `			01									
~	9a. FACILITY NAME (If not institution, give s	treet and number)		96. CIT	Y, TOWN OF	R LOCATION OF DE	EATH	9c, CO	UNTY OF D	DEATH		
DIRECTOR	PENINSULA REGIONA	L MEDICAL	CENTER		SALIS	SBURY		W	ICOMI	CO		
2	RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY	v		- OFF TOWN	001001							
2			18	c. CITY, TOWN		ON				10d. INSIDE CITY LIMITS?		
	De. Suss	ex		Laurel						1X YES 2 NO		
A	10e. STREET AND NUMBER				101.	ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?		
E	117 Lake Drive K	ing St.				19956		USA	A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. ARMED	13.	WAS DECE	NDENT OF HISPAN	NIC ORIGIN? (Spe	city Yes or No-	14. RAC	CE — American Indian, ck, White, atc.		
	1 Never Married 2 Married	IF YES, GIVE WAR	YES 2 NO		If yes, spec	city Cuban, Maxica 2 ANO Specifi	n, Puerto Rican,	ntc.)				
BY	3 Widowed 4 Divorced								Spec	White		
8	15. DECEDENT'S EDU	CATION	16a. DECED	ENT'S USUAL O	CCUPATION	v .	16b. KIND	OF BUSINESS/IF	NDUSTRY			
E	(Specify only highest grade Elementary/Secondary (0-12)	Coflege (1-4 or 5+)	life. Do	ind of work done NOT use retired.)	during most	t of working						
립	8	30.000	Elect	trical	Contr	ractor	Elec	tric				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)					16. MOTHER'S NA	ME /First Middle	Maidan Cumama				
	William A. Slatc	her				Ida Mae						
BE	19a. INFORMANT'S NAME (Type/Print)	IICI	1			d Number or Rural I						
9	Martha L. Slatch	0.00										
						King St.						
	20g. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Ram	oval from State	20b. PLACE AND cemetery, cremate	DATE OF DISPOS	SITION (Nam	ne of		20c. LOCATION -				
	4 Donation 5 Other (Specify)		Laure]					Laure	L, De	•		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1	22. C	NAME AND	ADDRESS OF FA	CILITY	oon Eur	1	Home, Inc.		
1	Miller : W	Mat	-/							. nome, inc.		
	23. PART I. Enter the diseases, pr	21404	A	P	.0. 1	30x 678	Laurel,	De. I	1956			
	ahock, pr heart fellure.	List only one cause	on each line.	. Do not enter	r the mod	e of dying, suc	h aa cardiac o	r respiratory a	rreat,	Approximate Interval Between		
	IMMEDIATE CAUSE (Final											
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury CAUSE (Diseas											
	DUE TO (OR AS A CONSEDUENCE OF):											
z	(1055/5le Mgo CARdial INFARET											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUE	NCE OF):	0	-						
3	cause. Enter UNDERLYING	· AS	64	17726	ero.	Science	200					
Ē.	CAUSE (Disease or Injury that initiated events	DUE TO (OR	AS A CONSEQUE	NCE OF):								
F	resulting in death) LAST	d										
EDICAL	PART II. Other aignificant condition		th but not resu	iting in the u	nderlying	cause given in	Part I. 24s. 1	MAS AN AUTOPS	7 24t	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
2		Pegant	CUA					YES 2 NO		COMPLETION OF CAUSE OF DEATH?		
Ų Į	Myolo PR	dura ATT	ve C	150 R	200					1 - YES 2 NO		
×	0				-					1 120 2/2 110		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26 PLA	CE DF DEATH (Ch	eck only one)					
[음	EXAMINER?	HOSPITAL:	u estatent. En	OTHE	R:							
¥ l	27. MANNER OF DEATH	1 Inpetient 2 ER				5 Residence						
F	1 Natural 5 Pending	28a. DATE OF INJU (Month, Day, Y	bar) 26	Ib. TIME OF INJURY	28c. INJUI WOR	K?	28d. DEŞCRIBE	HOW INJURY O	CCURED			
BY	2 Accident investigation			М	1 . YE	S 2 ND						
	3 Suicide 6 Could not be	28e. PLACE OF IN. building, etc.	JURY — At home, (Specify)	form, street, fac	tory, office		261. LOCATION City or Town	(Street and Numb	er or Rural	Route Number,		
2	4 Homicide determined							, 0.0.0,				
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my	knowledge death	occurred at the t	time data a	and plane, and due	to the enuce(s)		110			
Σ	1-1-1	R: On the basis of exami								a) and manner as stated		
응								ace, and dog to	me cause(I) and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUN				D (Month, Day, Year)		
2	m	to ay	0			D398	363		VICE.	193		
-	30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE O	F DEATH (ITEM 27							200		
	Dr. Atk, 25 1104	Neathw	an Dry	Sal. no	1, 2	1801						
10	31. DATE FILED (Month, Dey! Year)	P2 REGISTRAR'S	SIGNATURE	0								
2	MIIV C 1441	9: MAN WAINDA	mr-Manage	6								



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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	1 - FOR STATE REGISTRAR	STATE OF I			RTMENT OF I			MEN	TAL HYGIEN		93	36158		
1	1. DECEDENT'S NAME (First, Middle, Last) JERMAINE	KENNE						MC	ATE OF DEATH	AY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. le		PENCE	EINO	R 24 HRS.		LI 15)	93	0945 M		
	546-59-5918	1)	1 M 2 □ F 16 YRS. MONTHS DAYS HOURS MIN.				10	lonth, Day, Year) 0-22-77		SAL	ISBURY, MD.			
œ		. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O												
5	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO)		
DIRECTOR	10a. STATE 10b. COUNTY	INC. OH, TOWN ON EDGATION										10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	10e. STREET AND NUMBER					1. ZIP COD	E			_		HAT COUNTRY?		
NE IN	11. MARITAL STATUS	BANK STR		21152		2185				USA				
	1 Never Married 2 Married	FORCES? 1	YES 2 X	NO	II yes, sp	ecify Cubi	en, Maxica	n, Pue	IGIN? (Specify Year rto Rican, atc.)	s or No—	Black	— American Indian, White, etc.		
Э ВУ	3 Widowed 4 Divorced	11 1E3, GIVE 1	AN ON DATES		1 YES	2 X NO	Specify	y:			Specif	BLACK		
TEL	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	0	Give kind of	USUAL OCCUPATE	ON ost of world	ing		16b. KIND OF BU	SINESS/IN	DUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	*)	STUDE					PUCUMUN	/F CI	TV H	IGH SCHOOL		
NO.	17. FATHER'S NAME (First, Middle, Last)			31000	.111	18. MOT	HER'S NA	ME (Fin	st, Middle, Malden			Idii School		
BE C	LEVIN SP	ENCE, SR	•						ROOKS F	,				
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street a				lumber, City or Tow	n, State, Zi	Code)			
	LUCINDA BROWN 200. METHOD OF DISPOSITION				SS SAME		IBUVE	-						
20s. METHOD OF DISPOSITION Donation S Other (Specify)														
	21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	0		JOLLEY	MEN	S OF FA	CILITY	CHAPEL,	RTE.	2. [30X 920		
_	- Lorella &	3. Joll	ey		SALISE	BURY,	MD.	21	l 801					
	23. PART I. Epier the diseases, or c ahock, or heart fellure. I IMMEDIATE CAUSE (Final	omplitations the list only one cau	t quiused the d ise on each lin	eath. Do i	not enter the mo	de of dy	ing, such	h sa c	ardisc or reapi	retory ar	rest,	Approximate Interval Between Onset and Death		
	disease or condition resulting in death) a. SEVERE CLOSED HEAD TRAUMA Due to (DR as a consequence of):													
NO	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):													
CAT	If any, leading to immediate cause. Enter UNDERLYING													
CERTIFICATION	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):													
CEF		d.												
SAL	PART II. Other significant conditions	contributing to	death but not	reaulting	in the underlying	g cause	given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO		
PHYSICIAN: MEDICA									1 - YES 2	M NO		OF DEATH?		
Σ								_				1 YES 2 NO		
Š	25. WAS CASE REFERRED TO MEDICAL EXAMINER? MORBITAL 28. PLACE OF DEATH (Check only one)													
YSI	1 YES 2 NO	HOSPITAL:		3 🗆 DOA	OTHER: 4 - Nursing Hom	6 5 🗆 R	asidenca	8 🗆 0	ther (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28m. DATE OF (Month, D) 11-13	injury ay, Year) -93	1500	URY WO	RK?	₹ NO		LL FROM			EHICLE		
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building,	FINJURY — At he etc. (Specify) BANK S!		street, lactory, offic			281. L	OCATION (Street a	MAR	or Rural Ro	oute Number,		
PLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of	my knowledge, d	eath occum	ed at the time, date	and place	, and due	to the	cause(s) and man	iner as ata	led.			
ŏ.	one) 2 MEDICAL EXAMINER											and manner as stated,		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER		-00				ENSE NUM			29d. DAT		Month, Day, Year)		
2	30. MANE AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SEOF DEATH (ITE		TY M.E.	DC	3599)		•	11-15	5-93		
	JOHN T. BULKELEY	, M.D.,	108 PIN		FF ROAD,	SAL	ISBU	RY,	MARYLA	AND 2	1801			
, 1	31. DATE FILED (Month, Day, Year)	32. REGISTRA												
/	NUV 1 7 1993		Davidson-	Pandel	2									



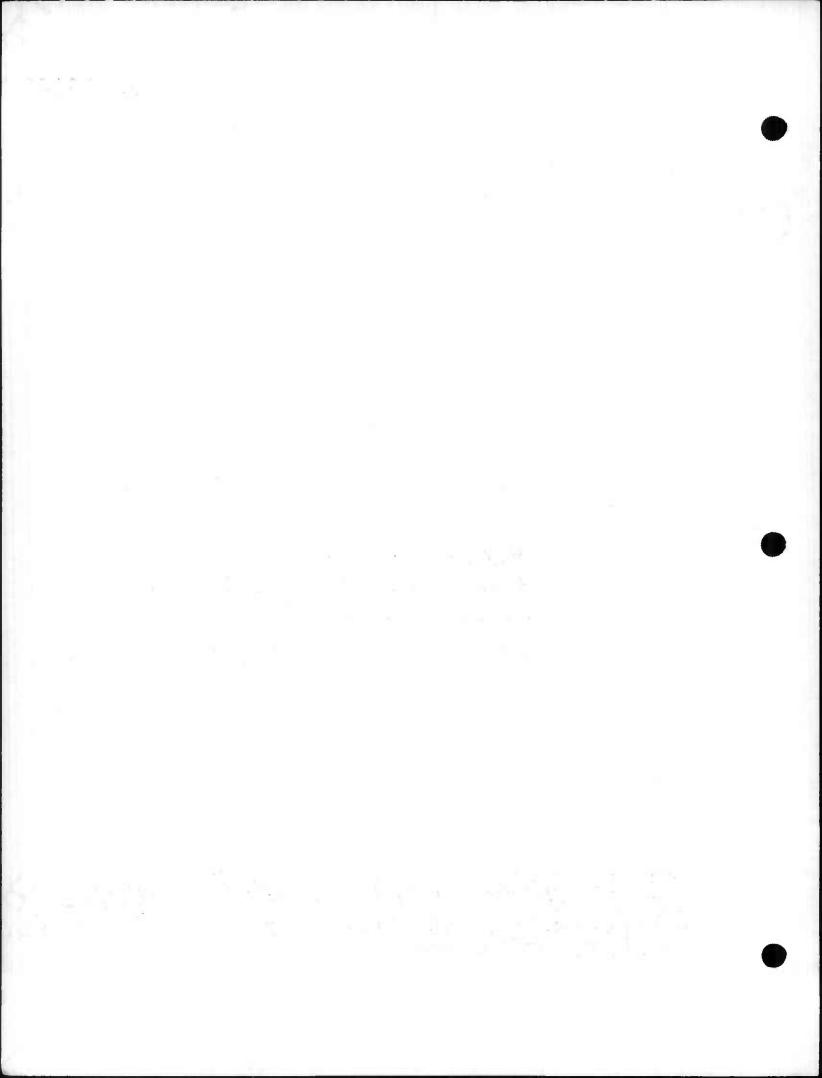
6	7	100
(permit, President	
	8	

		1. DECEDENT'S NAME (First	, Middle, Last)	Middle, Lest) 2. DATE OF DEATH 3. T										3. TIME OF DEATH	_	
			En	RD ERNE	CT		Scal	0 -			MONTI	t DA		YEAR	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		5, SEX		yrs. lest birthday)			IF UNDER 2	A MINE		OF BIRTH	15	1993	PLACE (State or Foreign	M
70		01/2 10 15		1 M 2 F	S. 11.24 (III.	77 YRS.	MONTHS	DAYS	HOURS	MIN.	(Monti	, Day, Year)		Country	LACE (State or Poreign	
3 7		2/4-/0-65 90. FACILITY NAME (II not in	31			//						-1916			10.	_
1-1	æ												9c. COU	NTY OF DE	ATH	
(/32)	2	PENTINSIILA	REGION	AL MEDIC	AL CE	NTER		SAI	ISBUR	Y			1	JICOM	ICO	
(-7	EC	10a. STATE	10b. COUNTY				TY, TOWN	OR LOCA	TION					10d, INSIDE CITY	=	
4	DIRECTOR	MA	1/1 7	COMTCO											LIMITS?	
Ē		10e, STREET AND NUMBER	WI	COMICO			ALIS		1. ZIP CODE						1 TYES 2 NO	_
je Li	RA		NEOW	011 00 47	1			10							HAT COUNTRY?	
020 physiclan. burlal-transit	FUNERAL	/432 MT. 11. MARITAL STATUS	πCKII						218	_				S.A.	,	
020 physician burial-trai	FU	1 Never Married 2	Married	12. WAS DECEDEN FORCES? 1	YES YES	2. NO		If yes, sp	pecify Cuban.	HISPAN Mexica	IC ORIGIN n, Puarto F	? (Specify Yes Rican, atc.)	or No-	14. RACE Black,	American Indian, White, atc.	
the b	BY	3 Widowed 4 Divo		IF YES, GIVE V		es IRMY		1 TYES	2 NO	Specify	y:			Specify	WHITE	
TO BE		15. DEC	EDENT'S EDU	CATION		KITS	I LIGUIAL O	CCHBATH	011		100	VIII0 05 011			WILL	_
	ETED		y highest grade	completed)		(Give kind of life. Do NOT L	work done	during mo	ost of working		100.	KIND OF BUS	INESS/IND	OUSTRY		
0 2 2	1	12	J-12)	College (1-4 or 5	+)	OWNE	,	821	TOD			PAINT	8 0	עוהח	CHUD	
LAND the hospital of detached for the hospital of the hospital	COMPL	17. FATHER'S NAME (First, M	licida Lasti			UWITCI	(QU)	CAN						UUJ	STUP	_
_ 0 +		RAYMON		221309								Aiddle, Malden				
MARY stained b should t	8	19a. INFORMANT'S NAME (7		DKCHJC								BARR				
MARY retained by 5 should b notified a	임			005465		196. MAILING	G ADDRES					er, City or Town				
. 2 2 .		ELIZABET		DKCASC		1432	2 111			NK					0. 21801	_
BALTIMORE or death. Page 6 may 1 the funeral director, pag val.		20s. METHOD OF DISPOSITI	n 3 🗆 Home	oval from State	20b. P	LACE AND DATE	OF DISPOS	SITION (Na	ame of		DATI			City or Tow		
ALTIMOR beath. Page 6 mi funeral director, xaminer must		4 Donation 5 Other		-	141	CO. Me						-19 Si	ALIS	BURS	I,MD.	
ALTIN death. Pag s funeral dir i. examiner		21. SIGNATURE OF FUNERA	A. SERVICE LIC	INSEE /		()	13	NAME A	ND ADDRESS	S OF FA	CILITY					
SALT death. e funera	Seiald & Sounds BOUNDS FUNERAL HOME, SALISBU													מת וופוו		
B nours after d in by the or removal		23. PART I. Enter the di	iseases, or o	complications the	st caused ti	he death. Do	not entar	the mo	da of dvin	a. sucl	h as card	lsc or reeni	ratory arr	LLJL	Approximate	_
d in or re		enock, or no	eert fallure.	List only one cau	use on eac	h Ilna.			,	g ,			atory att		interval Between	
24 z		iMMEDIATE CAUSE (Fin disesse or condition	nai	()	-100	re	4/~	~-	Tas						Onset and Deat	h
760, d within ompleteh I, crema event,		resulting in death)	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):													
	_					1	1		Tai	f					1	
OX 68 e be execut sician and c rior to burit traumatic	RTIFICATION	Sequantially list conditi		DIJE TO		ONSEQUENCE O			700	~	um	~ L			-	_
o be dician dor the traum	Y.	cause. Enter UNDERLYING														
O. B ertificate ing phys igne p	임	CAUSE (Disease or inju that initiated events	ISE (Disease or injury & c.													
. 0 55.	듄	resulting in death) LAS	т		,										İ	
	핑		-	d											<u> </u>	_
the deat y the atte of Mental	CAL	PART II. Other significa	nt condition	a contributing to	death but	not resulting	in the ur	deriyin	g cause glv	ven in	Part I.	24s. WAS AN			WERE AUTOPSY FINDINGS	_
E = 0 = -	DIC/										_	PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
uires that signed Health a											-	T TES 2	K MO	1	OF DEATH?	
L REC law requires as been sign lept, of Heal 23 shows	2										— j			'	1 YES 2 NO	
	A	25. WAS CASE REFERRED TO	O MEOICAL					20 01	LACE OF DEA	ATM 604						_
SICIAN: The certificate h the State I	PHYSICIAN:	EXAMINER?		HOSPITAL:			OTHE	3 :								_
SICIAN Certific the	ίχs	1 YES 2 NO		1 Inpatient 2					e 5 🗆 Rasi	dence						
PHYS This control of the control of		~	Pending	28a. OATE OF (Month, D		28b. Till IN	JURY		PRK?		28d. OE\$	CRIBE HOW IN	JURY OCC	UREO		
ON OF OR OF After this death with	BY		Investigation				M		YES 2	NO						
SI S DR: A DR: A ter d			Could not be determined	20s. PLACE O building,	etc. (Specify)	At home, term,	street, tact	ory, offic	a		261. LOCA	TION (Street a	nd Number	or Rural Ro	ute Number,	
DIVISION OF VITA L OR ATTENDING PHYSICIAN: The L DIRECTOR: After this certificate h hours after death with the State [Nem 28 is marked, or item	ET		301811111111111111111111111111111111111													
4 7 7 7 7 7	COMPLET	29e. CERTIFIER 1	IFYING PHYSIC	CIAN: To the best of	my knowled	ige, death occum	red at the t	ime, date	and pleca, a	and due	to the cau	e(a) and man	ner as atat	ed,		
THE HOSPITAL THE FUNERAL filed within 72 PORTANT: If	O	one) /2 MEDI	CAL EXAMINE	R: On the beels of e	xamination a	nd/or investigation	on, In my o	plnion, d	leath occured	d at the	time, deta	and place, and	due to the	e cause(a)	and manner ea stated.	
FT # FT	m O	296. SIGNATORE AND TITUE	or gentilles	<			_		29c. LICEN	SE NUM	IBER		29d DATE	SIGNED /	Month, Day, Year)	_
TO THE HOSPITA TO THE FUNERA DE filed within 72 IMPORTANT: II	∞	14/7	177	0				- 4	1 2	nli	11.1		DATE OF THE	11 _ 11	-Q:2	
K	임	30. HAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH	H (ITEM 27) (Tuna	. Print		2	04	71		- /	1-16	13	_
		Tocant 1 D	2000	10 1	The second	1	4-	1	4	0.	1. 1	ry M	1	01-	,	
	10	31. DATE FILED (Month, Day,	Mar)	p 32. REGISTRA	UCU +	LOCUS	73	188	13	2141	1364	ry M	d	2180	2/	
	IVA	MAN (C) 1 (104	93	ratio David	Anna Branchi	UNE						r				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit were be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF M			RTMENT				MENTAL HYGIE		93	36160
1	1. DECEDENT'S NAME (First, Middle, Last)	SIMPSON								3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less		IF UNDER	1 YEAR	IF UNDER	24 HRS	7 DATE OF BIRTH	7		HPLACE (State or Foreign
	362-23-617	1 🔀 M 2 🗆 F	39	YRS.	MONTHS	DAYS	HOURS	MIN.	May 31	1955	Count	SC SC
OR	9a. FACILITY NAME (If not institution, give str Dorcester General	set and number) 9b. CITY, TOWN OR LOCATION OF DEATH							Bc. COUNTY OF DEATH Dorcester			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			10c, CIT	Y, TOWN C	OR LOCAT	ION					10d. INSIDE CITY
		omico		All					1			LIMITS?
ERAL	Route 1 Box 369		101. ZIP CODE 21822					10g. CITIZEN OF WHAT COUNTRY? U. S.				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 N	RMED 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Maxica 1 YES 2 NO Specify			n, Maxican	, Puarto Rican, etc.)	es or No-	No- 14. RACE — American Indian, Black, White, etc. Specify: Black		
9	15. DECEDENT'S EOUC (Specify only highest grade of		16a. DE(CEDENT'S	USUAL O	CCUPATIO	ON at of working		16b, KIND OF BI	JSINESS/IN	DUSTRY	DIACK
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) Jnknown	iite.	Lab	se retired.)	aunng mo	st or workin	ig.		Farm	l	
BE CO	17. FATHER'S NAME (First, Middle, Last) John Simpson						Adi	ER'S NAM	ne (First, Middle, Maide	n Sumame)		
TO B	19s. INFORMANT'S NAME (Type/Print)						nd Number	or Rural Ro	oute Number, City or To Maryland	wn, Statu, Zij 218		
	Adis Blanding		20b. PLACE A		Box			ren,				
	20s, METHOD OF DISPOSITION 12 Surial 2 Cramatics 3 Ramo 4 Donation 4 Other (Specify)	val from Stata	Talbo				me or		11/10 Eas	ston,	MD MD	wn, Stata
	21. SIGNATURE/OF FUNERAL SERVICE LICE	Joseph (lo						Fooks l lla Stree			
	23. FART I. Enter the disesses, processor, processor condition resulting in death)	lat only one caus	csused the dece on each line. y - E					ng, such	as cardiac or res	olratory ar	rest,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
MEDICAL	PART II. Other significant conditions	contributing to d	eath but not re	reulting	in the un	derlying	cause g	iven ich	TITE L. 240. WAS AN PERFO	PIMEOT	240.	WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF DE	EATH (Chie	x one;		-	
Sic	** SELECTION OF THE SEL	HOSPITAL:	ER/Outpatient 3	DOA.	OTHER		i S □ Ber	sidence 6	Other (Specify)			
	27. MANNER OF DEATH 1. Hatural S - Pending	28a. DATE OF III (Month, Day)		SHP. J.IM	E OF URY	Sec INJU	RICT	323	38d. DESCRIBE HOW	INJURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INSIRV At home farm street broken office.					or Punit fi	Route Number				
COMPLET	29s. CERTIFIER (Check only one) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
BE CO	296 SIGNATURE ANOUTITLE OF CERTIFICATION	60 Men	chn	Li))	pinion, di	55 LICE	NSE NUMB	me, oake and prace, a	*	E SIGNED	
٩	30 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	DEATH STEE	27) (Type)	01	3/10	N	Sh	at a	m	hi	Qu 4000
2	NOV 16 1993	1 32 AEGISTRAN	s signature mandals	2	0 0	0	77	///	us (t	11/	711	J'well



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TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		•
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After	death	-
JOH.	ster	2 44

	1 - FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEI REG. NO		93 36	5161
	DECEDENT'S NAME (First, Middle, Last)	ANCY ANNE	SEWELL	1		9 1		YEAR	F DEATH
	4. SOCIAL SECURITY NUMBER 214-68-6459A	5. SEX 8. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 1 \(\text{I M 2 X} \) F 36 YRS. MONTHS DAYS HOURS MIN.					7. DATE OF BIRTH (Month, Dev. Year) December 12, 1956 Maryland		
OR	99. FACILITY NAME (If not institution, give et Wesleyan Health	OR LOCATION OF D	ON OF DEATH Caroline						
IREC	10a. STATE 10b. COUNTY Talbo	Db. COUNTY 10c, CITY, TOWN OR LOCATION				10d. INSID			
FUNERAL DIRECTOR	10e. STREET AND NUMBER	Waltyland			r. ZIP CODE 21663			I 14 YES EN OF WHAT COUN	2 NO
BY FUNE	11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 YES 2			CENDENT OF NISPA	INIC ORIGIN? (Specify Yean, Puerto Rican, etc.)	4. RACE — America Black, White, etc. Specify:	C.	
	15, DECEDENT'S EDUC. (Specify only highest grade of		16e. DECEDENT'S (Give kind of		ON	16b, KIND OF BU	White USINESS/INDUSTRY		
COMPLETED	Elementary/Secondary (0-12)	Pastry			Resta				
BE CO	17. FATNER'S NAME (First, Middle, Last) Llewes Pearson S	Sewell			France	s Elizabet	h Caul		
5	190. INFORMANT'S NAME (Type/Print) L. Pearson Sewel	11				Box 276			33 Md.
	L. Pearson Sewell 205 Mulberry St. P.O. Box 276 St. Michaels, Md. 20e. METNOD OF DISPOSITION 1 Buriel 2 M Cremetion 3 Removal from State 4 Donation 5 Other (Specify) Capitol Crematory Dec. 22.1993 Dover, Delaware								
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE Leave	e id	Harr	ison E.	клич Leonard Fu	neral	Home 216	
	23. PART I. Enter the disesses, or co shock, or heart failure. L	emplications that caused lat only one cause on e	the death. Do r	not enter the m	ode of dying, suc	t St. St.	VII CHAE	st, App	roximsts
	IMMEDIATE CAUSE (Final disease or condition resulting in death) S. CLARAL TUMOR (ASTROLYTUMA) DUE TO (OR AS A CONSEQUENCE OF):								et and Death
NOL	Sequentially list conditions, If any, leading to immediate Due to (or as a consequence of):								
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initisted eventa resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	-]:					
	d.	contributing to death b	ut not resulting	n the underlyin	a cause alvan la	Part I 24- ump as	ALPTOREV	Las were sure	
PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one)							RMED?	MED? AMAILABLE PRIOR TO	
							<u>L</u>		
IVSI	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Output	100			6 Other (Specify)			
ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	URY W	DERY AT DERK? YES 2 NO	26d. DESCRIBE NOW	INJURY OCCU	RED	
							N (Street end Number or Rural Route Number, wn, State)		
OMPLE	3 Suicide 4 Nomicide 6 Could not be determined 2st. (Specify) 29e. CERTIFIER (Check only Dree) 29 MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(e) and manner as stated.							er ee stated.	
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month), Day, 144.40 0 5 6									
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	0		1.70	11:	1 ///	4///	>
	31. NTE FILED (MONT) OFFINGS	32. REGISTRAR'S SIGN	TURE.	30x 12	22 GC	oldsbori	mi	216	34
	0	/	16						

TO BE COMPLETED BY, FUNERAC OR

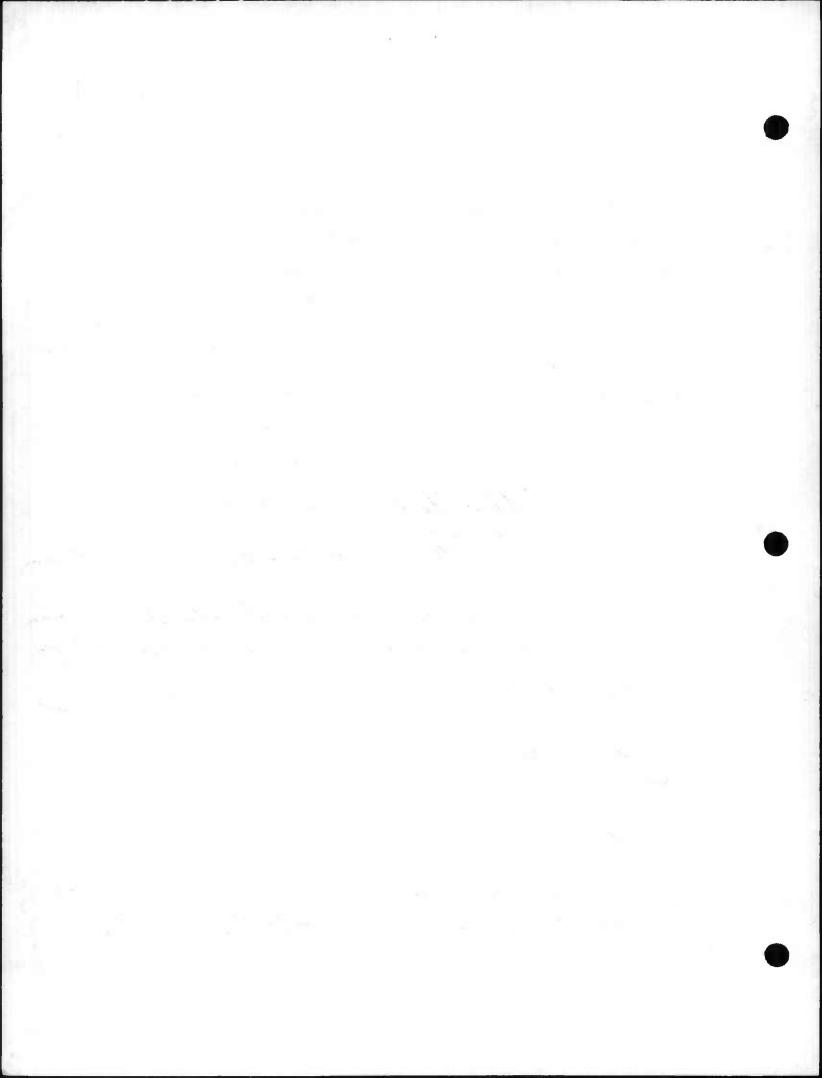
FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFI	CATE OF DEATH	REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) NORA 1	n ITH			3. TIME OF DEATH			
;	4. SOCIAL SECURITY NUMBER 5. SEX 1 □ M :	6. AGE (In yrs. last birthdey) 58 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		BIRTHPLACE (State or Foreign Country)			
ÉTOR	90. FACILITY NAME (If not institution, give street and nut MERICIAN USG. CTR.	CROMWELL	96. CITY, TOWN OR LOCATION OF DE BALTIMOYE		OF DEATH			
5	RESIDENCE OF DECEDENT							
HAC ONE	10e. STATE 10b. COUNTY Balta	MORE 10c. CITY	TOWN OR LOCATION SM	a RI Batt	10d. INSIDE CITY LIMITS? 1 YES 2 NO			
40	10e. STREET AND NUMBER	e Rd.	101. ZIP CODE		OF WHAT COUNTRY?			
BY, FUN	1 Never Married 2 Married FORC	DECEDENT EVER IN U.S. ABMED ES? 1 YES 2 NO B, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cubes, Mexica 1 YES 2 NO Specify	n, Puerto Ricen, etc.)	. RACE — American Indian, Black, White, atc. Specify:			
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18e. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION work done during most of working	16b. KIND OF BUSINESS/INDUS	TRY			
COMPLETED	Elementery/Secondery (0-12) College	(1-4 or 5+)	lamistic	_				
	17. FATHER'S NAME (First, Middle, Last)	Young	18. MOTHER'S NA	ME (First, Middle, Maiden Surname)	/ M 04			
TO BE	190. INFORMANT'S NAME (Type/Print)	19b. MAILING	AGDRESS (Street and Number or Rural I	Poute Number City or Town, State, Zip Co	· · · · · · · · · · · · · · · · · · ·			
-	20s METHOD OF DISPOSITION	20h PLACE OF DISPOS	HTION (Name of cometery, cremetory or	age, LOCATION — City	or Town State			
	1 Suriel 2 Cremation 3 Removal from 4 Donetion 5 Other (Specify)	State other place)	eridice	Terps	e M.			
	21. SIGNATURE OF FUNERAL SELECTION AND AND ADDRESS OF THE PROPERTY OF THE PROP	1000	382 3	Else	2/601			
	23. PART i. Enter the diseases, or complicat shock, or heart failure. List only		ot antar tha moda of dying, suc	h as cardiac or respiratory srres	t, Approximate interval Batween			
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Cardiac Arrhythmia							
_	DUE TO (OR AS A CONSEQUENCE OF): Landio Vascular Di seuse							
ATIO	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING							
CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF	r):					
9	d							
EDICAL	PART II. Other significant conditions contrib	uting to death but not resulting i	in the underlying cause given in	Part I, 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
Σ	Resipheral Vasc	ufar Disea	se	_	1 U YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	Man 1). sea se						
2	EXAMINER? HOSPI		OTHER:	eck only one)				
YS		tlent 2 ER/Outpetlent 3 DOA	4 Nursing Homs 5 Residence					
	1 Natural 8 Pending	DATE OF INJURY (Month, Day, Year) 28b. TIM INJ	E OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUR	RED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)							
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated.							
BE C	SIGNED (Manth, Day, Year)							
10	30. NAME AND ADDRESS OF PERSON WHO COMPLE	TED CAUSE OF DEATH (ITEM 27) (Type	D. DCC	647	30 93			
	FREDRIC S. SIRK	is M.D. 7151+	LOLABIRS AVE	BALTOI MD.	21222			
	DEC 2 1993 500	REGISTRAR'S SIGNATURE						

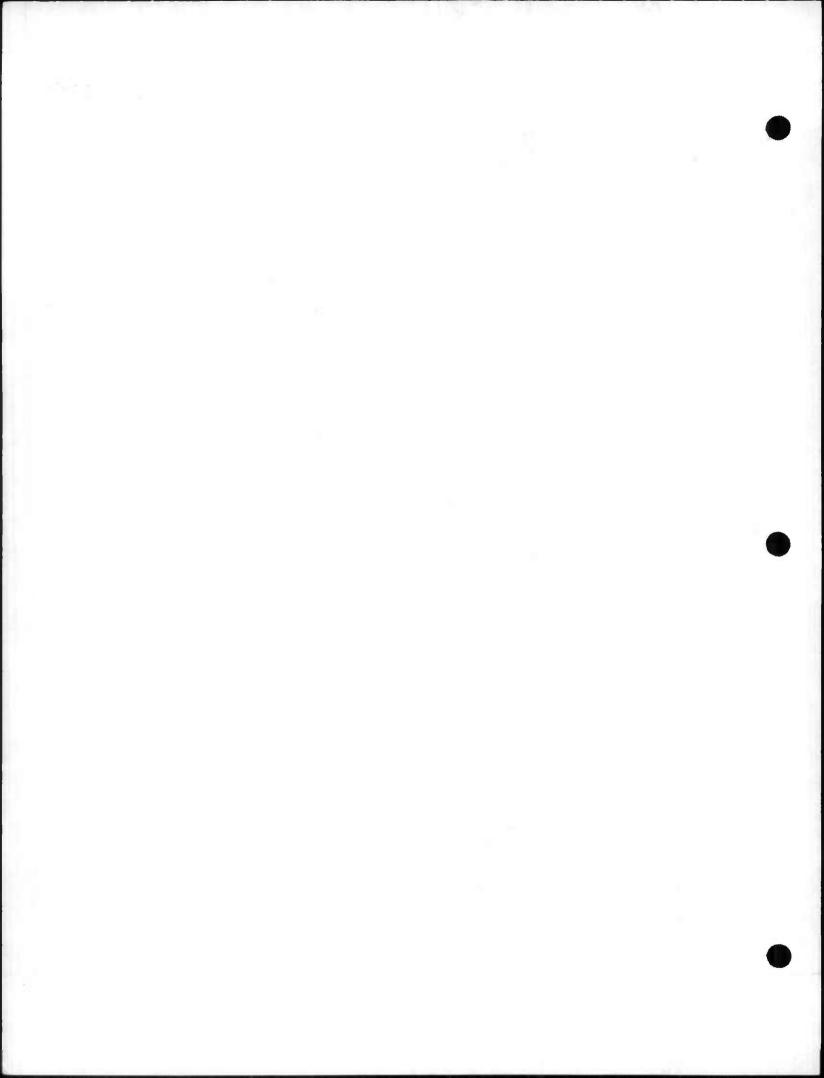
TO BE COMPILETED BY	TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burtal-transit al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
ir death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIEN		36163
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Edward Lee Stubbs				November	22 1993	1:10 M
		SEX 8. AGE (In yrs. Is	MONTHS	TYEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign
	221 12 170-1	X M 2 □ F 79	YRS.		September	1, 1914	Maryland
<u>~</u>	Se. FACILITY NAME (If not institution, give street	ŕ	31	TOWN OR LOCATION OF D	DEATH	9c. COUNTY OF	DEATH
5	The Kent & Oueen An	ne's Hospital		hestertown		Kent.	
DIRECTOR	Maryland 10b. county 10b. county Queen	Annes	Chester				10d, INSIDE CITY LIMITS? 1 YES 2X NO
	10e. STREET AND NUMBER			10f. ZIP COOE		10g, CITIZEN OF	WHAT COUNTRY?
FUNERAL	2701 McGinnis Road			21620		U.S.A.	
S	11. MARITAL STATUS 1 Never Married 2 X Merried	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2	BMED 13. V	MAS DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		E — American Indian, ok, White, etc.
ВУ	1 Never Married 2 Nerried 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR DATES	1	yes, specify Cuban, Mexic YES 2 NO Speci		Spe	chy:
	15. DECEDENT'S EDUCATI	ION 160 D	PECEDENT'S USUAL OC	CURATION			ite
ETE	(Specify only highest grade con	npleted) ((Give kind of work done of the Do NOT use retired.)	luring most of working		SINESS/INOUSTRY	of Education
IPL	8		retaker -	Custodian	Custodi		of EddCation
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meiden		
BE C	Major Stubbs			Rosi	ie VanSant		
TO B	19e. INFORMANT'S NAME (Type/Print)	11	96. MAILING ADDRESS	(Street end Number or Rural	Route Number, City or Tow	n, State, Zip Code)	-1 21(20
_	Edith May Stubbs			nnis Road, (
	20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION	from State 20b. PLACE cometery, cr	EAND DATE OF DISPOSI rematory or Amer place) DLOP Ceme 1	TION (Name of		CATION — City or T	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENS			tery 11-24		mpton, N	aryland
	▶ William L. Kir	THE COVER	Fe. 413	Llows - Well 3 W. High St	ls Funeral	ctown. Ma	21620 cryland
	23. PART i. Enter the diseases, or com shock, or heart failure. List	plications that caused the di t only one cause on each line	Do not anter	tha mode of dying, suc	ch ss cardiac or reap	iratory srrest,	Approximate
	IMMEDIATE CAUSE (Final	1		1	2		intarval Batween Onset and Daath
	disease or condition resulting in death)	Complete	Ned	A Blog	ch.		15 min
		DUE TO OR AS A CONSE	EOUENCE OF):				
CERTIFICATION	Sequentially list conditions, b	QUE TO (OR AS A CONSE	FOLIENCE OF:		. 0		
AT	If any, leading to immediate cause. Enter UNDERLYING	Probable		ocardio	28 2	notion	15 mis
Ē	CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSE		1		· · ·	
FF	resulting in desth) LAST	Severe C	orana	arte	- Dia	edal	12 42
	PART II. Other aignificent conditions of	ontributing to death but not	resulting in the uni	fartuing cause stone in	Fart 24s. WAS AN	aumonov lau	0
CAL	Pnesames		resoluting in the game	9,000	PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	- Indiagones				1 🗆 YES 2	E NO	OF DEATH?
Σ.							1 - YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH (C)	neck only one)		
SIC	EXAMINER?	OSPITAL:	3 DOA 4 Nurs	: Ing Home 5 - Residence	6 Other (Specify)		
¥	27. MANNER OF DEATH	28s. OATE OF INJURY (Month, Day, Year)		28c. INJURY AT WORK?	284. OESCRIBE HOW I	NJURY OCCURED	
BY I	1 Flatural 5 Pending 2 Accident Investigation	(1101.11)	M	1 YES 2 NO			
60	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, ferm, atreet, fecto	ry, office	28f. LOCATION (Street of City or Town, State)	and Number or Rural	Route Number,
ETE	4 Homicide determined						
PL		N: To lhe best of my knowledge, de					
COMPLET	one) 2 MEOICAL EXAMINER: 0	On the besis of examination end/or	Investigation, in my or	pinion, death occured at the	time, date end place, en	d due to the cause(e) end menner ee stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	94		A 29c. LICENSE NUI	MBER	29d. DATE SIGNE	(Month, Day, Year)
70	George M	Jour	d M	2		> / (/	29/73
_	30. NAME AND ADDRESS OF PERSON WHO CO	YOUNG	K AND	t and Q	usen An	nes / N	out.
8	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S BIGHATURE	80 000	sever!	ann 1	70 2	620-
_	NOV 29 '93	June way door	- Manage				



e medical examiner must be notified at once.	IMPORTANT: it item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
1, or removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
lled in by the funeral director, page 5 should be detached for use as the burial-transi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi
hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
\$100 CHILL COUNTY COUNT	

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF H	EALTH AND DEATH	MENTAL HYGIE REG. NO	-	3 361	64
	1. DECEDENT'S NAME (First, Middle, Last) MARY JANE THO	MAS				2. DATE OF DEATH MONTH	DAY C	3. TIME OF	57 M
	4. SOCIAL SECURITY NUMBER	1 □ M 2 XF 51	YRS.	IF UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day: Year) Jul. 1, 194	12 1	BIRTHPLACE (State Country) Mary Land	or Foreign
DIRECTOR	98. FACILITY NAME (If not institution, give street and number) Frederick Memorial Hospital Frederick RESIDENCE OF DECEDENT 98. CITY, TOWN OR LOCATION OF TOWN OR LOCATION OR LOCAT					EATH		EDERICK	
	Maryland Fred	derick		town on Locat eder i ck				10d. INSIDE LIMITS 1 YES	? 2 🗌 NO
FUNERAL	6577 Ewald Court				21701		US	SA	RY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, spe	ENDENT OF HISPA Holfy Cuban, Maxico 2 NO Specifi	NIC ORIGIN? (Specify Yan, Puerto Rican, etc.) iy:	es or No— 1	4. RACE — American Black, White, etc. Specify: Whit	Wasan.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use Agent	SUAL OCCUPATION for done during more retired.)	N st of working	16b. KIND OF BI	JSINESS/INDU		
MO	17. FATHER'S NAME (First, Middle, Last)		· · · · · ·		18. MOTHER'S NA	ME (First, Middle, Maide			
BE C		Harrison	Skelton		Josep		lizabe	th Sis	ler
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To			
	Patricia A.Cartee	1200	.PLACEANDDATEOF			k Pike FI		ty or Town, State	01
	1 Buriel 2 Cremation 3 Remo	oval from State cem	een lawn Men	prial Par	*k Nov.30.	1993 Wi		port, MD 2	1795
	21. SIGNATURE OF FUNERAL SERVICE AND	low_	_	22. NAME AN OSBORI	NE FUNER	CILITY			
	IMMEDIATE CAUSE (Final	e. ARTER IOSC	ech line.					Interv Onset	eximate al Between and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to deeth b	ut not resulting in	the underlying	ceusa given in		RMED?	24b. WERE AUTOP AVAILABLE PI COMPLETION OF DEATH? 1 YES 2	RIOR TO OF CAUSE
AN	25. WAS CASE REFERRED TO MEDICAL								
SICI	EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch	6 Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME (OF 28c. INJU	IRY AT	28d. DESCRIBE HOW	INJURY OCCU	REO	
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 26f. PLACE OF INJURY — At home, ferm, street, factory, office City or Yown, State)						Rural Route Number,		
COMPLETED		CIAN: To the best of my knowl							es stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER CHECK R. R. R. R. R. R. R. R. R. R. R. R. R.	skets MD			DO98		29d. DATE 5	IGNED (Month, Dey,)	3
	30. NAME AND ADDRESS OF PERSON WHO RRRR ROBE 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DEJ	5 W T	ty 57	FKEDL	FRICK 1	ud.	2/70/-	-4599
	1:0V 3 0 1993	Julia Serias Re							



BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending phy	but filled in by the funeral director, page 5 should be detached for use as the but nation, or removal.	I, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within riours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burneral to be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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DECEDENT'S NAME (First,	, Middle, Lest)						EATH	2. DATE C				. TIME OF OEATH
PAUL	T.EE		THRASI	HER		JF	R.	Nove	mber	27, 1	993	12:52 P
SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs. is	est birthday)	IF UNDER 1 Y		F UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTHPI Country)	ACE (State or Foreign
220-16-6652		1 M 2 - F	67	YRS.	MONTHS (A	AYS HC	OUNE MIN.			1926	W	V
. FACILITY NAME (If not in	-		1.0				LOCATION OF O	EATH			TY OF OEA	
Memorial Ho	_	L & Medlo	cal Cent	ter	Cum	ber1	Land			VII	Legan	у
a. STATE	10b. COUNTY	,		10c. CIT	Y, TOWN OR L	OCATION	N .				1	Od. INSIDE CITY
4D	Alle	gany		Cun	berla	and					1	LIMITS?
. STREET AND NUMBER						10f. ZIF	P CODE			10g. CITI		AT COUNTRY?
30 White	Aven	ue					21502	2		USA		
. MARITAL STATUS		12. WAS DECEOEN					DENT OF HISPAI			or No-	14. RACE -	- American Indian, White, atc.
Never Married 2 1			YES 2 WES OR DATES				NO Specif		ouri, 6101)		Specify:	
15, OEC	EDENT'S EDUC	WW T		ECEDENT'S	USUAL OCCU	IPATION		16h	KIND OF BUS	RIMESS/IND	whi	te
	y highest grade		S	Give kind of the Do NOT us	work done duris	ng most of	of working	100,	THE OF BUS	JINESS/IND	ooini	
12		Someway (1-4 of 3		armar					20.51	ilro	5.7	
FATHER'S NAME (First, M	liddle, Lest)					10	O. MOTHER'S NA	ME (First, M			- L	
Paul Loo	Thrac	her Sr	•			F	Erance	5 (Dych	6)		
a. INFORMANT'S NAME (ypa/Print)		1	96. MAILING	ADDRESS (S		Number or Rural				Code)	14.21.17
orothy		Thrache	r	63	0 Whit	- Δ	venue (umbe	rlan	d_Mr	215	502
a. METHOD OF DISPOSITE	ION		20b. PLACE		OF DISPOSITIO			DATE	The second second		City or Town	
E Donation 6 □ Other	(Specify)				morial	Par	rk	12/0	1 0	mber	land	MD
. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE			22. NAI	ME AND A	ADDRESS OF FA	CILITY				
//		- 1		1	/		111 T	Tin or	u fe	000		
* (lan	00.	7 xx	cun	ill	Sca	arpe	elli F				1502	
3. PART Enter the di	OO -	D Complications the	CONS	Jeeth. Do	Sca	arpe	rland.	Mar	vlan	d 2	1502	Approximate
/ ahock, or h	eart fallure.	omplications the	at caused the duse on sech fin	deeth. Do o	Sca	arpe	rland.	Mar	vlan	d 2	1502 eet,	Approximate Interval Between
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S	TATE OF	MARYLAND / I	DEPARTME	NT OF	HEALTH AN	D MENTAL	HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	93 36166
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH MONTH. DAY	3. TIME OF DEATH
	Louis Trapkin	5. SEX 6. AGE (II	n yrs. last birthday) FI		NOV. 25	93 9:34
-	142-05-3045	t № M 2 🗆 F 8	7 YRS. MON	1350 3 30 Till	7. DATE OF BIRTH (Month, Ow), Year) 2-6-1906	8. BIFTHPLACE (State or Foreign NEW JERSEY
	9a. FACILITY NAME (If not institution, give str Deers Head Center	eet and number)	9b.	Salisbury	EATH 9c.	WICOMICO
2	RESIDENCE OF DECEDENT			Sallsbury		WICOMITCO
Zine.	MD. 10a. STATE 10b. COUNTY WICE	OMICO		WN OR LOCATION ALISBURY		10d, INSIDE CITY VLIMITS? 1 1 YES 2 NO
1011	10e. STREET AND NUMBER //4 PRISCILL;	A ST.		101. ZIP CODE 2/80/		. CITIZEN OF WHAT COUNTRY?
-	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DA	2 (ND	13. WAS DECENDENT OF HISPAI If yea, specify Cuben, Mexica 1 PES 2 NO Specif	in, Puerto Rican, etc.)	- 14. RACE — American Indian, Black, White, etc. Specify: WHITE
1111	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	life. Do NOT use reti	tone during most of working	166. KIND OF BUSINES	
	12		CACL		ADVER7	
3	17. FATHER'S NAME (First, Middle, Lost) SAMUEL TRAPK.	IN			ME (First, Middle, Meiden Surne RESA HARRIS	
	19a. INFORMANT'S NAME (Type/Print)	T 41	1	RESS (Street and Number or Rural		
	GUDRUN TRAPK. 20a. METHOD ON/DISPOSITION		1/4 P			, MD. 21801
	1 Donation 5 DOther (Specify)	val from State ceme	PLACE AND DATE OF DIS itery, crematory or other p		11-26 HEB	RONGEND GE TOWN,
	21. SIGNATURE OF FUHERAL SERVICE LICE	Sound		22. NAME AND ADDRESS OF FA	CILITY	SALISBURY, MD.
	23. PART I. Enter the diseases, or conshock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	Recurrent	ch line.	nter the mode of dying, suc ith Multi infa		Interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediate	Hyperter	ISION			0
	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	ar insufficier	псу	
	PART ii. Other significant conditions		it not requising in the	e underlyien sauer short !-	Part i. 24a, WAS AN AUTO	may last many many
	Multiple_decub	itus ulcers,	base of s	pine and foot	PERFORMEDI 1 YES 2 N	MAILABLE PRIOR TO
	<u>Degenerative d</u> Polymyalgia Rhu		or cervica	I spine	_	1 TES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	I or	26. PLACE OF DEATH (CH	eck only one)	
		1 Dipatient 2 ER/Outpa	tient 3 DOA 4	Nursing Home 5 - Residence		
	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJÜRY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE HOW INJUR	YOCCURED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, farm, street	, factory, office	281. LOCATION (Street and No. City or Town, State)	imber of Rural Route Number,
	and any			the time, date and place, and due my opinion, death occured at the		e stated.
	296. SIGNATURE AND TUTLE OF CERTIFIER	10 000		29c. LICENSE NU		. DATE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	stig MI	TH OTEM 27 (5-2 2)	D16278		11/26/93
- 1	WHO MANUE AND ADDRESS OF FERSON WHO	COMPLETED CAUSE OF DEA	iri (ITEM 27) (Type, Print)		1 1
	Maheswari Shrestha	M.D. P.O.	Box 2018	Salisbury, MD	21802	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-rours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the breat companies of the funeral director, page 5 should be detached to the funeral director.	be filed within 72 hours after death with the State Dept. Of health and welligt hybers prior to burke, or remove. IMPORTANT: It them 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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L OF	T Die	be hied within 72 hours after death with the Salat Dept. or realint and wellar hygiene prior to buriar, bernation, or removal. IMPORTANT: It leem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical ex
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	REGISTRAR	CERTIFI	CALE	DEATH	REG. NO.				
	1. OECEDENTS, NAME FINE MICHIEL VETRA				2. DATE OF DEATH MONTH DA		3. TIME OF OEATH 4:30P. M		
	4. SOCIAL SECURITY NUMBER 5. SEX 8. / 2 / 8 - 0 / - / / 85 1	GE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Marith, Del Year)		BIRTHPLACE (State or Foreign Country) MARYLAND		
OR	9a. FACILITY NAME (If not institution, give street and number) 8717 BURNT MILL RD.	96. CITY, TOWN OR LOCATION OF DEATH WILLARDS			BC. COUNTY OF DEATH WICOMICO				
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY WICOMICO	10c. CITY	TOWN OR LOC	ATION S			10d. INSIDE CITY LIMITS? 10 YES 2 NO		
ERAL	100. STREET AND NUMBER P.O. BOX 115			21874		10g. CITIZEN	S.A.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR (res 2 X NO	If yes,	ECENDENT OF HISPAN specify Cuben, Mexica ES 2 (NO Specif)	IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White gic Specify: WHITE.		
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	16a. OECEDENT'S U (Give kind of w life. Do NOT use SEAMS?	retired.)	TION most of working	166. KIND OF BUS		TRY		
	17. FATHER'S NAME (First, Middle Last) WILLIAM EDWARD DENNIS		7.000	18. MOTHER'S NA	TE MAE HI				
TO BE	190. INFORMANT'S NAME (Type/Print) RONALD LOWE SR.				ISBURY, ML				
	20a METHOD OF DISPOSITION 1 Development Survey State 4 Distriction 5 Other (Specify)	20b. PLACE AND DATE of cemetary, crematory	373113.	RY	11-28 WI		OS, MD.		
	21. SIGNATURE OF FUNGRAL SERVICE LICENSEE	H		UNDS FU		NE, SAL	LISBURY, MD.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	on a of endo as a consequence of as a consequence of as a consequence of	ometriu):				Approximate Interval Between Onset and Death 2 years		
_	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS								
MEDICAL					PERFOF 1 □ YES 2		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ANO		
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			PLACE OF DEATH (Ch	eck only one)				
PHYSICIAN: M	1 YES 2 NO	URY 26b, TIME	E OF 28c.	ome 6 Residence	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUP	RED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 26s. PLACE OF IN building, stc.	JURY — At home, farm, a (Specify)	treet, factory, o	Mica	28f. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my MEDICAL EXAMINER: On the best of axam								
TO BE (29b. SIGNATURE AND TITLE OF CRATIFIER 30. NAME AND ADDRESS OF BERSON WHO COMPLETED CAUSE OF	S DEATH STELL AT C	(Perleat)	B69993	MBER	29d. DATE 3	HGNED (Month, Day, Year) -22-93		
	Daniel R. Elsemann, M.D., 2	23 Phillip	Morri	s Dr., Sa	lisbury, M	D 2180	1		
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S File Daylds	SIGNATURE							

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR NAOMI BELLE WILHIDE Nov. 16,1993 7. DATE OF BIRTH
(Month, Day, Year)
JUNE 7, 1921 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign HOURS 1 M 2 M F 162-22-6950 72 YRS. Naryland 9a. FACILITY NAME (If not inetitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 14040 Edgemont Rd. Smithsburg Washington RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a, STATE 10b. COUNTY 10d. INSIDE CITY Washington Smithsburg 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 14040 Edgemont Rd. 21783 USA 11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 84 3 ₩ Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Machine Operator Shoe Factory 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Bertha Pearl Deal Jacob Elvin Fleagle BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Michelle L. Kline 14040 Edgemont Rd. Smithsburg, Md. 21783 20e. METHOD OF DISPOSITION

1 Burlel 2 Cremation 3 Re
4 Donation 5 Quiter (Specify) 20b. PLACE AND DATE OF DISPOSITION /Name of 20c. LOCATION - City or Town, State DATE baugh Cemetery 11-19-93 Rouzerville. PA 21 BIGHATURE OF FUNERAL SESSOR 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Smithsburg MD 21783 ahock, or heart fallure. List only one cause on each line. interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition muthole Suntes reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMARABLE PRIOR TO COMPLETION OF CAUSE OBSTRUCTIVE PULMONARY DISEASE OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Realdence 6 □ Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF GEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO 87 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 6 Could not be determined 4 Homicide CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, end due to the cause(a) and manner as stated. 286. SIGNATURE AND HILE OF CERTIF DY3590 29d. DATE SIGNED (Month Day, Year) BE 0 2 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) efferson BLUD SM ITMSBURG MD 703 AL REGISTRAR'S SIGNATURE

DALLIMORE, MARTLAND	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Juns after death. Page 6 may be retained by the hospit	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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DIVISION OF VITAL RECORDS, P.O. BOX 66/60,	HO.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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item 23 shows any Injury, or other traumatic event.

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TO THE HOSPITAL OF
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IMPORTANT, If Ite

BY

COMPLETED

BE 2 27. MANNER OF DEATH

5 Pending

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8 Could not be

2 MEDICAL EXAMINER: On the beels of

1 Natural

2 Accident

3 Suicide

29a. CERTIFIER

4 Homicide

29b. SIGNATURE AND TITLE OF CEL

31. DATE FILED (Month, Day, Year)

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Paul Augustine Wagner 4. SOCIAL SECURITY NUMBER Jan. 25, 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 1917 214-09-7749 1 X M 2 - F 76 YRS. Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington County Hospital Washington Hagerstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10b. COUNTY Washington Williamsport Maryland 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21795 16619 Tammany Lane 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) IF YES, DIVE WAR OR DATES 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12)
12 years College (1-4 or 5+) legislative assistant U. A. W. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George I. Wagner Mary R. Knodle BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 129 Belview Avenue Hagerstown, Maryland George A. Wagner 20e. METHOD OF DISPOSITION
1 □XBurial 2 □ Cremetion 3 □ Removal from State 20c. LOCATION - City or Town, State
Hagerstown, Maryland 20b. PLACE AND DATE OF DISPOSITION (Name of 11/20 Rose Hillio Cemetery 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Gerald N. Minnich 305 N. Potomac Street Funeral Home Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition elley ander resulting in death) A CONSEQUENCE OF): PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF resulting in death) LAST PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2- NO 1 inpetient 2 - ER/Outpetient 3 - DOA

28a. DATE OF INJURY (Month, Day, Year)

32 REGISTRAR'S

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

4 🗌 Nurs ng Home 6 - Residence 6 - Other (Specify) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO 28a. PLACE OF INJURY — At home, term, street, factory, offica building, etc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month/Day, Year) DHMH-16 Rev 1/89

REG. NO.

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

spec White

USA

1 TES 2 NO

21740

Approximate

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

Onset and Death

8. BIRTHPLACE (State or Foreign Mary land

:05 P

2 DATE OF DEATH

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requiges that the death certificate be executed within the HOSPITAL OR ATTENDING PHYSICIAN: The law requiges that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be nettified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL	HYGIENE REG. NO.	9:	3	36170
1. DECEDENT'S NAME (First, Middle, Le HARRY THOMAS					2. DATE O	OF DEATH	199		TIME OF DEATH 0:21 A. M
4. SOCIAL SECURITY NUMBER		(In yrs. leat birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE C				ACE (State or Foreign
406-22-6303 Sa. FACILITY NAME (If not institution, gh	1½ M 2 □ F		MONTHS DAYS	HOURS MIN.	Mar.	27,791	1	Kent	ucky
Frederick Memor	ial Hospital		Frede	rick	DEATH		Fre	deri	
10a. STATE 10b. COU			town or Loc ederick						Id. INSIDE CITY
10e. STREET AND NUMBER				101. ZIP CODE 21701				OF WHA	T COUNTRY?
800 Motter Ave.	12. WAS DECEDENT EVER	IN II S ARMED	12 WE C	ECENDENT OF HISP	ANIC OBIOINS	2 (Panelly Year	US.	•	American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	If yes,	specify Cuban, Maxie S 2 X NO Spec	can, Puerto R		N NO 18	Black, W	hite	
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of w life. Do NOT use	ock done during i		186.	KIND OF BUSI	NESS/INDUS		
		Sander				Furni	ture		
17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N			urname)			
Charles Thomas (Voosley			Maude					
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				t and Number or Rura					
John T. Woosley	20	b. PLACE AND DATE O		ill Court	Aaam		ATION - CIT		Etata
1 Burial 2 Cremation 3 R		miths bwi				Smit	hsbur	a.MD	Otalia
21, MUNATURE OF PONERAL SERVICE			22. NAME	AND ADDRESS OF F	ACILITY			9,	
Cento.	1			is Funera 25 Bradbu			., ,		0 01767
iMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):		Dis	onse			Interval Between Onset and Daath
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	-	A CONSEQUENCE OF		n					
PART II, Other significant condit	ions contributing to death				n Part I.	24a. WAS AN A PERFORM 1 TYES 2 (ED?	AN CC Of	PRE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	Check only one)}			
EXAMINER? 1 YES 2 NO	HOSPITAL;		OTHER:	me 5 🗆 Rasidence					
27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c, I	NJURY AT VORK?		CRIBE HOW IN	JURY OCCUP	ED	
1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
3 Suicide 6 Could not 4 Homicide determined	bullding, atc. (So	IY — At home, farm, st ec/ly)	treet, factory, of	lica		TION (Street and Town, State)	d Number or	Rural Flout	te Number,
	YSICIAN: To the best of my kno								nd manner as stated.
29b. SIGNATURE AND THE OF CONTIN	The	45.		29c, LICENSE NI	9c. LICENSE NUMBER 29d. DATE SIGNED (Mornin, Day, Year) 1 - 21-93				
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type,	Print)			/			
A DATE PIER AL A C	I at least the								
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE an-Randaul							Gymn I

BALTIMORE, MARYLAND 21215-00

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,
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be execute	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	aumatic
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH	MENTAL HYGIEN REG. NO.		3 36 117 1		
	1. DECEDENT'S NAME (First, Middle, Lest) John Wesley W	ormack, S				2. DATE OF DEATH DO 11-15-		Z COP, M		
	4. SOCIAL SECURITY NUMBER 214-05-4419	X M 2 □ F	AGE (In yrs. last birthday)	OF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-26-19(BIRTHPLACE (State or Foreign Country) ennsylvania		
TOR	9a. FACILITY NAME (If not institution, give a Residence-413 (venue	Cumber		DEATH		E. COUNTY OF DEATH Allegany		
DIRECTOR		egany	1000	nberlan			10d. INSIDE CITY LIMITS? XXYES 2 \(\) NO			
FUNERAL	100. STREET AND NUMBER 413 Central Av	7enue			21502			N OF WHAT COUNTRY? USA		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	or No — 14	I. RACE — American Indian, Black, White, etc. Specify: Black							
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 1.2	CATION completed) College (1-4 or 5+)	(Give kind of w life. Do NOT us	USUAL OCCUPATIO ork done during mos	st of working	16b, KIND OF BUS				
	17. FATHER'S NAME (First, Middle, Lest) Samuel Wormack		Statio	nary Er	18. MOTHER'S N	r B & O AME (First, Middle, Maiden Villiams		road		
TO BE	190. INFORMANT'S NAME (Type/Print) Mrs. Beatrice	Wormack			nd Number or Rural	Route Number, City or Town				
	20s. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo 4 Donation 8 Other (Specify)		20b. PLACE AND DATE OF	"Cemete	ery	DATE 20c. LOC 293 Cuml	perla	nd.Marvland		
		a. Riley		Cumbe	re-Ste	in, Inc. 2 Md. 21502	230 B	altimore Av.		
	23. PART I. Enter the diseases, or cahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications that cause of the	on asch ilna.	4 0		ch as cardiac or respi	ratory srreat	t, Approximats interval Between Onset and Death		
CERTIFICATION	Sequentisily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		AS A CONSEQUENCE OF		,					
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	a contributing to dear	th but not resulting in	the underlying	cause given in	Part i. 24e. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
HYSICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/		OTHER: 4 Nursing Home		8 Other (Specify) 28d. DESCRIBE HOW IN	I II III OCCUP			
B≺	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be determined	(Month, Day, Ye 28s. PLACE OF INJ building, etc. (IURY — At home, term, at	M 1 V	RK? ES 2 □ NO	281. LOCATION (Street a City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only					a to the cause(a) and man		ause(s) and manner as stated.		
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	ex			29c. LICENSE NU			IGNED (Month, Day, Year)		

Memorial Hospital Med. Buiding, Cumberland, Md

Robustiano Barrera, M.D.

DHMH-16 Rev 1/89

	CLAYTON CONRAI	dia, Last) D. WIN	FBRENNER	2						2. DATE	OF DEATH	MY22 0	MEAG	0:02 P
	4. SOCIAL SECURITY NUMBER			6. AGE (In yrs. lest i	birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE	OF BIRTH			ACE (State or F
	213 24 5286	,	1 💢 M 2 🗆 F	88		MONTHS	DAYS	HOURS	MIN.	(Mont	26 04		Country)	yland
	Se. FACILITY NAME (If not institute							OR LOCAT	ION OF DI			9c. COUNT		<u> </u>
OR	FROSTBURG HOSI					FRU	STBU	JRG				ALLE	GANY	
DIRECTOR	10a. STATE 10b.	COUNTY			10c. CIT	Y, TOWN	OR LOCAT	TION					10	Dd. INSIDE CIT
뜸	Maryland	Garr	ett		F	rost	burg	3					1	LIMITS?
M	10e. STREET AND NUMBER						101	f. ZIP COD	311					AT COUNTRY?
FUNERAL	Star Route							21					U.S.	
BY	1 Never Married 2 Merri 3 Widowed 4 Divorced		FORCES? 1 [IF YES, GIVE WI	YES 2 NO.	ED	11	If yes, sp		an, Mexica	in, Puerto	17 (Specify Yo Rican, etc.)	es or No 1	Black, V Specify:	- American Ind White, etc. hite
	15. DECEDEN (Specify only high			(Gh	e kind of	USUAL O	CCUPATIO	ON ost of world	ing	161	. KIND OF BI	JSINESS/INDU	STRY	
PLET	Elementary/Secondary (0-12)		College (1-4 or 5+)) me. z		oo retired.)					40	mestic		
COMP	17. FATHER'S NAME (First, Middle,	Lest)			7.60	701 61		18. MOT	HER'S NA	ME (First,	Middle, Maide			_
ш	James		V	Vinebreni	ner			L	aura			L	ayto	n
0 8	19e. INFORMANT'S NAME (Type/Pr											wn, State, Zip C		
	Leonard Wine	_		20b. PLACE AP			-		Fre			larylan		
	20a. METHOD OF DISPOSITION Surlel 2 Cremation 3 4 Donation 5 Other (Spec		al from State	competery, creat					1/26	/93		ocation — ch		
	21. SIGNATURE OF FUNERAL SER		spe.	/								Funera		
- 1	worth f	4	an									g, Mar		
	iMMEDIATE CAUSE (Fine)	iandie. Li	at only one caus	se on each line.					/ing, auc	h ee cer	diec or rea	piratory errec	et,	Approximinterval E Onset an 2: M1
LION	disease or condition resulting in death) Sequentially lifet conditions,	. C a.	DUE TO (Cardi OR AS A CONSECU- OR AS A CONSECU- OR AS A CONSECU-	ec.	Arrhy	thy	mia			diec or rea	piratory erred	nt,	Onset an
RTIFICATION	disease or condition resulting in death)	. C a.	DUE TO (Cardi OR AS A CONSCOR Conge	uence o	Arrhy	thy	mi a Fai	lure	3	diec or reap	piratory erred	et,	interval E Onset an 2: Mil
- CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.,	DUE TO (Cardi OR AS A CONSEOU CON AS A CONSEOU Mitra OR AS A CONSEOU	uence o	Arrhy Po He Po alve	thy art Ins	mia Fai uffi	lure ency	9				interval E Onset an 2: Mil 5 Yr 15 Yr
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Y PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent content in the sequence of the sequence	b. c. d. onditions	DUE TO (DUE TO (DUE TO (Contributing to (Contributing to (Contributing to (Contributing to (Contributing to (Cardi OR AS A CONSECU OR AS A CONSECU Mitra OR AS A CONSECU death but not re	DOA TIN	Arrhy F): Ve He F): alve F): ormet 4 Num M	Ins 28. Pl R: sing Hon 28c. IN. 1	Fai uffi. g couse LACE OF BURY AT ORK? YES 2	lure ency given in	Part I.	24a. WAS A PERFC 1 YES THE YE	N AUTOPSA PRIMED? 2 INO	24b. W AA CI O' 1	Interval E Onset an 2. Mil 5 Yr 15 Y
ED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent content in the cause of injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDIAN LEARN LERY 1 VES 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	b. c. d. d. sonditions	DUE TO (DUE TO (DUE TO (CONTributing to (CONTRIBUTION TO (CO	Cardi OR AS A CONSEOU OR AS A CONSEOU Mitra OR AS A CONSEOU death but not re	DOA TIN	Arrhy F): Ve He F): alve F): ormet 4 Num M	Ins 28. Pl R: sing Hon 28c. IN. 1	Fai uffi. g couse LACE OF BURY AT ORK? YES 2	lure ency given in	Part I.	24a. WAS A PERFC 1 YES THE YE	N AUTOPSA RIMEOT 2 WO	24b. W AA CI O' 1	Interval E Onset an 2. Mil 5 Yr 15 Y
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent or EXAMPLER 1 NOTES 2 NO NO NOTES 27. MANUER OF DEATH 1 Natural 5 Pendinvest 2 Accident 3 Suicide 6 Could deter (Check only) 1 CENTIFYING CONCERNING NOTES 1 CENTIFY NOTES 1 CENTIFY NOT	d. onditions c. d. d. d. d. d. d. d. d. d. d. d. d. d.	DUE TO (DUE TO (DUE TO (Contributing to (Contributing to (Contributing to (Contributing to (Contributing to (Cardi OR AS A CONSECUTOR AS A	DOA TIME	Arrhy F): Ve He F): alve OTHE 4 Nur ME OF JURY M street, fec	Ze. Pingle Honor Land	Fai. g couse LACE OF 6 no 5 R JURY AT JURY AT JURY AT ORK7 YES 2 o end place deeth occur	ency given in DEATH (Cr. tesidence	Part I. Deck only of the case of time, det	24a. WAS A PERFC 1 YES 1 YES 1 YES 24a. WAS A PERFC 1 YES	N AUTOPS PRIMED? 2 No INJURY OCCU t and Number of	24b. W AN COOK OF THE PRICE OF	Interval E Onset an 2. Mil 5 Yr 15 Y
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	why filled in by the funeral director, page 5 should be detached for use as the burial-transit in	arout, or temporar. The medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permanent of the property	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BE

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH CLARENCE EUGENE WALLACE NOVEMBER 20. 1993 08:19 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 4-22-1922 6. BIRTHPLACE (State or Foreign 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 1 M 2 D F 71 DAYS HOURS Md. YRS. 216 09 9339 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SACRED HEART HOSPITAL CUMBERLAND ALLEGANY 10e. STATE 18b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Pa. Somerset Co. Meyersdale 1 YES 2 NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 532 7th Ave. 15552 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☑ YES 2 ☐ NO IF YES, GIVE HAS OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE - American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: White BY 3 🔣 Widowed 4 🔲 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) Security Guard Natl. Geographic Society 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surnar William Wallace Katie Bell (Clubb) 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nancy Higgins 14305 Merton Ct., Rockville, Md. 20853 20s. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State come The Tony ocemetery 11-23-93 Meyersdale, Pa. 22. NAME AND ADDRESS OF FACILITY R. Price Funeral Home, Inc 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 11249 325 Main St. Meyersdale, Pa. 15552 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury wite bacter DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the undarlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 1 Inpetient 2 ER/Outpetient 3 DOA 1 TES 2 1 NO 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY -- At home, term, street, factory, office building, etc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, 8 Could not be 4 Homicide 29a. CERTIFIER

(Check aniv 1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, deta and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month. Day Year) Police 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Swite # 31. DATERIO VIO 2 9 1993 REGISTRAR'S SIGNATURE

weeken all regard lives to have a select

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	led in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.	medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Debt, of Health and Mental Hotilere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

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NOV 1 5 1993

	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT OF	HEALTH	AND I	MENTAL HYGIEN	-	93	36174
1	1. DECEDENT'S NAME (First, Middle, Lest)	LUEA			IOATE OF) LC-		2. DATE OF DEATH DO	W_	YEAR /	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR) I K	R 24 HRS.	7. DATE OF BIRTH		1-3	205 PH
2	228-10-3839	1 M 2 F	75	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Dey, Year) 8-27-19	18	Commend	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give st	reet and number)	//		9b. CITY, TOWN	OR LOCATI	ION OF DE			Y OF DEATH	
OR	PENINSULA REGIONA	I. MEDICA	I. CENTEI	R	SALISBURY WICOMI						
CT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY										
DIRECTOR	MD. WIC	ICO CALICONOU							LIMITS?		
FUNERAL	347PHILLIPS RO	47)			,	t. ZtP COD					COUNTRY?
JNE	11. MARITAL STATUS		TVEVER IN U.S. AR	MED	12 344 0 00	218		IIC ORIGIN? (Specify Yea		S.A.	
B	1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	MAR OR DATES NAVY	10	If yes, s	poetty Cubi	ın, Mexicai	n, Puerto Rican, etc.)	or No.— 14	Black, Wi	American Indian, htte, atc. IHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade : Elementery/Secondary (0-12)	(Gi	Do NOT us	WRIGHT	ON ost of world	ing	16b. KIND OF BUS				
) BE	19a. INFORMANT'S NAME (Type/Print)			. MAILING	ADDRESS (Street	and Number		Toute Number, City or Tow.			
9	ROGER WIRT							AD, SALISI			21801
	20a. METHOD OF DISPOSITION 1	wat from State			of DISPOSITION (A		,		CATION — CIT	y or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE JOUR	nel	/	BOU						
	23. PART I. Enter the diseases, or cahock, or heart failure. I	omplications the	it caused the da	ath. Do r							Approximata
	IMMEDIATE CAUSE (Final	, , , , , , , , , , , , , , , , , , , ,	_							į	Interval Batween Onset and Death
	disease or condition resulting in death)	i		ROK							4 DAYS
_	Щ	DUE TO	(OR AS A CONSEC	DUENCE OF	F):						
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		(OR AS A CONSEC	DUENCE OF	F):						
S	cause. Enter UNDERLYING CAUSE (Disease or Injury		DI	27						1	
E	that initiated eventa resulting in death) LAST	DUE TO	(OR AS A CONSEC	UENCE OF	F):						
Ы	resulting in death) CAST										
PHYSICIAN: MEDICAL	PART II. Other significant conditions		ASU SE		in the underlyli	g cause (given in i	Part I. 24s. WAS AN PERFOR 1 YES 2	MED?	CON OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO PPLETION OF CAUSE DEATH? YES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL				26. F	LACE OF D	EATH (Che	ick only one)			
SIC	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:			8 Other (Specify)			
	27. MANNER OF DEATH	28s. OATE OF (Month, D	INJURY	28b. TIM	E OF 28c. IN	URY AT	T	28d. DESCRIBE HOW II	JURY OCCUP	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	[Monas, D	- roury	445		YES 2	□ NO				
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At horetc. (Specify)	me, term, s	street, factory, offi	4		26t, LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,
PLE	29a. CERTIFIER (Check only	IAN: To the best of	my knowledge, der	nth occurre	d at the time, dat	and place	, end due	to the cause(e) and man	ner as stated.		
NO.	one) 2 MEDICAL EXAMINER										manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CENTIFIER					29c. LICI	ENSE NUM	BER	29d. DATE S	IGNED (Mor	ith, Day, Year)
TO B	1hbut I dan	no	NEUD	ecco.	GIST	H	399	10	D ///	10/9	3
F	30. NAME AND AODRESS OF PERSON WHO	COMPLETED CAUS	SE OF OEATH (ITEN	4 27) (Type,	Print)		-			-/-	

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32. REGISTRAR'S SIGNATURE

560 HVERSIDE

(Nagata section)

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	PHY	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	100
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31. DATE FILEO (Month, Day, Year)
NOV 1 6 1993

RUTI	H WHITE											0.0		ATM.	
	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIEI REG. NO		93	3	61	75
	1. DECEDENT'S NAME (First, Middle, Last) Mary	Ruth		Whit	e				2. DATE MONT NO		in .	93	3. TIME 3 : 35	OF DEAT	
	4. SOCIAL SECURITY NUMBER 2 14-10-7553	5. SEX 1 M 2 X F	6. AGE (In yrs. las	t birthday) YRS.	IF UNDE	DAYS	IF UNDER	R 24 HRS.	7. DATE (Mont	OF BIRTH h. Day, Year) ary 10,		8. BIRTH Countr	IPLACE (State or For	-
TOR	9a. FACILITY NAME (II not institution, give s SALTSBURY NURSING RESIDENCE OF DECEDENT		CENTER				RY,				9c. COU	NTY OF D	EATH		
DIRECTOR										43	LI	BIDE CITY HTS?			
FUNERAL															
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. AR YES 2 N			If yes, sp	ENDENT Cooling Cube 2 1 NO	ın, Mexica	n, Puerto	17 (Specify Vo Rican, etc.)	s or No-	Speci	lfy:	ricen India etc.	n,
COMPLETED	15. DECEDENT'S EDU (Specify only highes) grade Elementary/Secondary (0-12)	College (1-4 or 5	(Gi	CEDENT'S ive kind of v	vork done e retired.)	during mo	ON st of worldi	ng	16b	. KIND OF BU	JSINESS/INC	****	<u>ite</u>		
	17. FATHER'S NAME (First, Middle, Last) Samuel J.	0 Mi	ller	book	keep	er		HER'S NA		Middle, Maide		ohns	ton		
TO BE	19a. INFORMANT'S NAME (Type/Print) Teresa Wheatley		198	30517	ADDRES	s (Street a	nd Number	or Rural	Route Num	ber, City or To	wn, State, Zip	Code)			
	20a. METHOD OF DISPOSITION 1 X Burlai 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A cemetery, cree	matory or of	ther place!			dens	DAT	E 20c. L	ebron				
	21. SIGNATURE OF FUNERAL SERVICE LII	lle		`	22. H	NAME AN	May	ss of fa Fune	ciuty eral	Home , Sal				1801	
	23. PART I. Enter the diseases, or ahock, or heert fallure. IMMEDIATE CAUSE (Final	complications that List only one cau	t coded the de	ath. Do n	ot anter	the mo	de of dy	ing, suc	h ea card	diac or rear	olratory an	reat,	Aj	proxima terval Be	tween
	disease or condition resulting in death)	a. DUE TO	JOR AS A CONSEC	MENCE OF	g.	20	7-	æ					1	5a	Dr.
TION	Sequentielly list conditions, if any, leading to immediate	DUE 10	OR AS A CONSEC	JUENCE OF		008	4				8			3.0	-
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSEC	VENCE OF	Ŋc.								1		
· .	PART II. Other algnificent condition	a contributing to	death but not n	eaulting i	n the ur	nderlylng	cause ç	given in	Part I.	24a. WAS AF	N AUTOPSY	24b.		TOPSY FIN	
MEDICAL									_	1 TYES	1		OF DEAT	LE PRIOR T TION OF CA H? S 2 \(\text{N}\)	AUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			отн€і		ACE OF D	EATH (Ch	eck only on	·e)					
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE OF (Month, D	INJURY	28b. TIME	4 Mur E OF URY	28c. INJU	URY AT		8 Othe	(Specify)	INJURY OCC	CURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At horatc. (Specify)	ne, ferm, s	treet, fact		ES 2	NO		ATION (Street or Town, State		or Rural A	oute Num	ber,	
COMPLETED		CIAN: To the best of R: On the basis of ea											end ma	mer as sta	nted.
98	296. SIGNATURE AND TITLE OF CERTIFIE	MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) end manner as stated.													
2	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUS	E OF DEATH /ITEM	27) /Tma	Dulant		-	/	//			-		_	

MD 1104 HEALTHWAY DRIVE.

32. REGISTRAR'S SIGNATURE

Chie Davidson-Rendell

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TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BO)

1	FOR STATE REGISTRAR	STATE OF I			TMENT OF I			NTAL HYGIEN		3 3	6176
,	1. DECEDENT'S NAME (First, Middle, Last)				1			DATE OF DEATH		YEAR 3. 1	TIME OF DEATH
	PATRICIA	ANNE			Woo	++EN			OVERNOER 23 199		1656 W
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs	. last birthday)	IF UNDER 1 YEAR	IF UNDER 2	4 HRS. 7. C	DATE OF BIRTH		B. BIRTNPLA	CE (State or Foreign
6	217-36-1422	1 □ M 2 🖾 F	53	YRS.	MONTHS DAYS	HOURS		(Month, Day, Year)	1940	Dela	ware.
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TOWN	OR LOCATION				Y OF DEATH	
DIMECTOR	PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO										
Į ļ	10a. STATE 10b. COUNTY	4		10c. CIT	Y, TOWN OR LOCA	TION	- 1			100	I. INSIDE CITY LIMITS?
	Delaware Su	ıssex		Laurel						YES 2 NO	
4	10e. STREET AND NUMBER	TELLIN		10f. ZIP CODE				10g. CITIZEN OF WHA		COUNTRY?	
5	Rt. 1, Box 55-A			19956				US	A		
LONEHAL	11. MARITAL STATUS	12. WAS DECEDEN			13. WAS DE	CENDENT OF	NISPANIC O	RIGIN? (Specify Ve	-	4. RACE —	American Indian,
	1 Never Married 2 Married	FORCES? 1	MAR OR DATES			pecify Cuben, 8 2 🔯 NO		rerto Rican, atc.)		Black, White, atc. Specify:	
6	3 X Widowed 4 Divorced					A KN	open.y.			whit	e
3 1	15. DECEDENT'S EDU		16a		USUAL OCCUPATI			16b. KIND OF BU	JSINESS/INDU		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	4)	(Give kind of v	work done during m se retired.)	ost of working					
4	7	0	"	homem	aker			none			
COMPLEIED	17. FATNER'S NAME (First, Middle, Last)				-	18. MOTNE	ER'S NAME (First, Middle, Maide			
	Jennings Roy	O'Neil				100		rancis	Spra	0116	
	19a. INFORMANT'S NAME (Type/Print)	0 1.011		19h MAILING	ADDRESS (Street	_		Number, City or Tox	_ A	0	
2 ▮	H. Dale Wootten							Laurel			
1	20a. METNOD OF DISPOSITION		1 225 814								
	to Burial 2 ☐ Cremation 3 ☐ Ram	ioval from State	cemetery	, crematory or o	OF DISPOSITION (N ther place)				OCATION — CI		Stata
-	4 Donation 5 Other (Specify)		- Wico	mico M	emorial			1/27 Sal	lisbury	y, MD	
	21. SIGNATURE OF FUNEBAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hollower Funeral Homo										
	Holloway Funeral Home 501 Snow Hill Rd., Salisbury, MD 2180							0.100.1			
N	shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Securately list conditions	a. PMCY DUE TO	OR AS A COM	SEQUENCE OF	F):	-, W	nres	ectable			Interval Between Onset and Death 3WL
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
- 11	DART II Other eignificant condition		-to-net-based on	delen	. At a second adula		The State of				
FRISIOIAN: MEDICAL	PART II. Other eignificent condition				n the underlyin	g cause gr	ven in Part		PRMED?	AWA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
3	25. WAS CASE REFERRED TO MEDICAL				28. P	LACE OF DEA	ATN (Check o	nlv one)			
Ž I	EXAMINER?	HOSPITAL:	- ED/Outpetlan	2 DOA	OTHER:						
-	27. MANNER OF DEATN	28a, DATE OF	ER/Outpation	28b. TIM	4 Nursing Hor	JURY AT					
	1 Natural 5 Pending	(Month, D			JURY W	ORK?		I. DESCRIBE NOW	INJUNT OCCU	RED	
5	2 Accident Investigation	20. 84 105				YES 2 🗌					
	3 Suicide 8 Could not be 4 Nomicide determined	building	OF INJURY — A , atc. (Specify)	t home, farm, s	street, factory, offic	te .	261.	LOCATION (Street City or Town, State	and Number of s)	r Rural Route	Number,
	4 Houseon Constitution										
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSI	ICIAN: To the best of ER: On the bests of a									d manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c LICEN	ISE NUMBER		I sed DATE	PIGNED (Mo	ath Day Wart
4	Kuth Wash	CUUI C				Chal	27/V	1115.	P 11	2	Inth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	0.0				OW	010	09(11		42	17
	30. NAME AND ADDRESS OF PERSON WA										
	SUMPL LYS 31. DATE FILED (Month, Day, Year)	Eim	MIGH	(ITEM 27) (Type	Disbu	ry	WC	12/80)	·	

DHMH-18 Rev 1/89



EEE a VIII

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	ath. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permits be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ineral director, page 5 should be detached for use as the burial-transit permi
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	aminer must be notified at once.

	REGISTRAR	CERTI	FICATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATN	3. TIME OF DEATH D
	Nolena Winchester			November 2	YEAR O OO F
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. lest birthda	y) IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	217-12-4015 1 M 25	F 101 YAS	MONTHS DAYS HOURS MIN.	JUNE 18, 1	Country)
	9a. FACILITY NAME (If not institution, give street and numb		9b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF DEATN
HC.	The Kent & Queen Anne's	Hospital Inc			Vand
5	RESIDENCE OF DECEDENT	HOSPICAL THE	I chester town		<u>Kent</u>
DIRECTOR	10a. STATE 10b. COUNTY	10c. (CITY, TOWN OR LOCATION		10d. INSIDE CITY LIMITS?
	MARYLAND QUEEN ANNI	ES E	ARCLAY		1 TES 2 NO
M	10e. STREET AND NUMBER		10f. ZIP CODE		10g. CITIZEN OF WHAT COUNTRY?
H	1305 BARCLAY ROAD		21607		UNITED STATES
FUNERAL		CEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF NISPA		or No- 14. RACE — American Indian,
ВУ	1 Never Married 2 Married IF YES, 0	GIVE WAR OR DATES	If yes, specify Cuban, Maxic		Black, White, atc. Specify:
	21				BLACK
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kind	'S USUAL OCCUPATION of work done during most of working	166. KIND OF BUSI	NESS/INOUSTRY
빌	Elementary/Secondary (0-12) College (1-4	Or 5+)	use retired.)		
M	6th	DOMEST	IC WORKER	MANUFAC'	
	17. FATHER'S NAME (First, Middle, Last)		18. MOTNER'S N	AME (First, Middle, Maiden Sc	urname)
BE	DAVID ROCHESTER			L BROWN	
2	19a. INFORMANT'S NAME (Type/Print)		NG ADDRESS (Street and Number or Rural		
-	CHARLOTTE BUTLER		5 BARCLAY ROAD,		
	20a. METNOD OF DISPOSITION	20b. PLACE AND DAT	e OF DISPOSITION (Name of other place)	DATE 20c, LOCA	ATION — City or Town, State
	4 Donation 5 Other (Specify)	ROCHESTE	R MEMORIAL CEMET	ERY NOV. 27,9	93 BARCLAY,MD.
	100 <1001				SMITH FUNERAL SERV.
_	Jahn A. Sin	nce)			MARYLAND, 21601
	23 PART I ther the diseases, Dr complication shock, or heert feiture. List only on	s that caused the death. Di	not enter the mode of dying, su	ch as cardisc or reapire	
- 1	IMMEDIATE CAUSE (Finel	o cadae on each mie.			interval Between Onset and Death
	disease or condition resulting in death)	ma			
		UE TO (OR AS A CONSEQUENCE	OF):		
Z	Sequentially list conditions,	racranial	leed		
Ĕ	if any, leading to immediate	UE TO (OR AS A CONSEQUENCE	OF):		
2	CAUSE (Disease or injury				
Ë	that initieted events resulting in death) LAST	UE TO (OR AS A CONSEQUENCE	OF):		
CERTIFICATION	d				
	PART II. Other significent conditions contribution	ng to deeth but not resultin	g in the underlying couse given in	Part i. 24s. WAS AN AL	
DICAL	La facial hemat	Sim G		PERFORM	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
	R. bundle beauch	block		1 TYES 2	OF DEATH?
2		-100			1 TYES 2 NO
Ž I	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATN (C	heck only one)	
) 	EXAMINER? 1 YES 2 NO 1 In Impatien	L: t 2 = ER/Outpatient 3 = DOA	OTHER: 4 Nursing Home 5 Residence	(A 1 or 6 or 1	
PHYSICIAN: ME	27. MANNER OF DEATN 28s. DA	TE OF INJURY 285 T	IME OF 28c. INJURY AT	28d. DESCRIBE NOW INJ	TURY OCCURED
BY	1 Denting	orith, Day, Year)	M 1 YES 2 NO		
<u> </u>	3 Suicide 8 Could and 28a. PL	ACE OF INJURY — At home, farm	, street, factory, office		d Number or Rural Route Number,
	4 Nomicide detarmined	ilding, etc. (Specify)		City or Town, State)	
ן ב	29a. CERTIFIER (Check only	est of my knowledge death occu	grad at the time date and alone and du	10 100 000 000	
COMPLETE					or an stated. due to the cause(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER				
8	THE OF CENTIFIER	hy	29c, LICENSE NU (1) 3 3 3		29d. DATE SIGNED (Month, Day, Year)
요	30. NAME AND ADDRESS OF PERSON WHO COMPLETED	CAUSE OF DEATH //TEM 27 CT		. /	11-21-93
	TO THE PARTY OF TH	THE STATE OF DESIGN (ITEM 27) (19)	ou, cinn)		
H					
	31 DATE FILED (Month, Day, May) 32. REG	ISTRAR'S SIGNATURE		. Knista Ba	

-	ø	W	
BALLIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	fled in by the funeral director, page 5 should be detached for use as the burial-train, or removal.	s medical examiner must be notified at once.
CIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR	CERTIF	FICATE OF	DEATH	RE	G. NO.		
)):	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DE	EATH		3. TIME OF DEATH
	Edna May		Young		11-	27 - 199	3	6:00 P.M
		3. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIF		a. BIRTH	IPLACE (State or Foreign
16	840-02-0270 1 □ M 2 🛱 F	85 YRS.	MONTHS DAYS	HOURS MIN.	Sep 2	8, 1908	Countr	WV
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN	OR LOCATION OF DE			NTY OF D	EATH
СТОВ	14013 Cedar Wood Drive	e S.W.	Cuml	perland		A	lleg	any
DIRE	MD 106. STATE Allegany		mberla					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL DIRECTOR	14013 Cedarwood Drive	S.W.	101. ZIP CODE 21502			10g. CITI US		VHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		MED 13. WAS DECENDENT OF HISPANIC ORIGIN 10 If yes, specify Cuban, Mexican, Puerto F		, Puerto Rican,	CINY? (Specify Yes or No— 14. RACE — Am Black, White Specify; White		- American Indian, c, White, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT:	S USUAL OCCUPAT work done during in	ION lost of working	16b. KIND	OF BUSINESS/INC		100
COMPLETED	Elementary/Secondary (0-12) Coffege (1-4 or 5+)	homem				own ho	ome	
Š	17. FATHER'S NAME (First, Middle, Lest)			18. MOTHER'S NAM	AE (First, Middle,	Maiden Surname)		
BE	John Shrout			Lucy	Hartma	an		
2	19a. INFORMANT'S NAME (Type/Print)	19b. MAJLIN	G ADDRESS (Street	end Number or Rural R	oute Number, City	y or Town, State, Zip	Code)	
-	Phyllis Ware		Cresapt	own MD	21502			
	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Removal from State	20b. PLACE AND DATE			DATE	20c. LOCATION —	City or To	wn, State
	4 Donation 5 Other (Specify)	Sunset Me			11/30	Cumber	land	MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	. ~ 11.		Pelli F			150	2
	23. PART Enter the diseases, or complications that	pun		perland,				
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	on each line.	lan te		es ceruiac o	r respiratory an	rest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d							
	PART II. Other algnificent conditions contributing to d	eath but not resulting	in the underlying	ng ceuse given in i	Part I. 24a. 3	MAS AN AUTOPSY	24h	WERE AUTOPSY FINDINGS
MEDICAL						PERFORMED? YES 2 70		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Ä	25 445 0405 05550000							
₫	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:							
PHYSICIAN:	1 VES 2 JAG 1 Inpetient 2 E 27. MANNER OF DEATH 28e. DATE OF IN	ER/Outpatient 3 DOA		me 5 Mesidence				
BY P	1 Natural 5 Pending 2 Accident Investigation	JURY 28b, TII Year) IN	JURY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE	HOW INJURY OC	CURED	
	3 Suicide 6 Could not be determined 28e. PLACE OF building, et	INJURY — Al home, farm, c. (Specify)	street, factory, offi	ce	261. LOCATION City or Town	(Street and Number n, State)	or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of m one) 2 MEDICAL EXAMINER: On the basis of exam							and manner se stated
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER	1		29c. LICENSE NUM	BER			(Month, Day, Year)
၉	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH OTHER AT CO	a Direct	0 33 24	50	11/	129/	95
	Dr. Sunil Gupta, M. 31. DATE FILED (Month, Day, Year) 32. REGISTAR	U.; Johns	son Hei	ants Me	d.Bldg	. Cumb	erl	and, MD
	JE. HEGIS HAN	SIGNATURE OF						

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Page 6 may be retained the funeral or removal. signed by the Health 6 Dept. has DR ATTENDING PHYSICIAN: The this certificate h death After HOSPITAL TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

2

31. DATE FILED (Month, Day, Year)

2

3 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CORPECES

32. REGISTRAR'S SIGNATURE

Danden Randall

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Russell Joseph Zimmerman NOU ugsel 17:39 993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRE DAYS HOURS 213-40-6602 1 X M 2 F 10-22-1942 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Washington County Hospital Hagerstown Washington RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Washington Hagerstown 1 X YES 2 NO FUNERAL 10e STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? burial-transit 427 Kinslow Street U.S.A. 21740 or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married 1 TES 2 ND Specify: BY Specify: 3 Widowed 4 Divorced director, page 5 should be detached for use as the White 1960 to 1961 COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co. Elementary/Secondary (0-12) College (1-4 or 5+) the hospital 12 yrs. Travel Agent Travel Agency 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 3 75 Russell Lloyd Zimmerman Catherine BE Anna Shanholtz BALTIMORE, MAR notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Leona J. Barklow 540 North Mulberry St. Hagerstown Maryland 21740 Pe 20s. METHOD OF DISPOSITION
1 D Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 1 Buriel 2 Cremetion 3 F 4 Donation 5 Other (Specify) cemetery, cremetory or other place)
Rose Hill Cemetery 11–23–1993 Hagerstown, Md medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Douglas A. Fiery 1331 Eastern Blvd.N. Funeral Home Douglas A.Fiery Hagerstown, Maryland 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the attending physician and completely filled in by Mental Hygiene prior to burial, cremation, or remo ahock, or heart fellure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Fine) the disease or condition resulting in death) Myocardi Lufe event, DIVISION OF VITAL RECORDS, P.O. BOX 68760. DUE TO (OR AS A CONSEQUENCE OF): Reune Coronar traumatic CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF): If any, leading to immediate cause. Enter UNDERLYING zupra Ven CAUSE (Disease or injury other DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 any injury. PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:

1 inputiont 2 ER/Outputiont 3 DOA **EXAMINER?** OTHER: 1 YES 2 NO g Home 5 🗆 Residence 8 🗆 Other (Specify) 0 the 28e. DATE OF INJURY 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked 1 Natural 5 Pending 44 1 YES 2 NO BY 2 Accident Investigation 28a. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 28 is 8 Could not be determined DIRECTOR: / COMPLETED 4 Homicide FUNERAL DIRECT within 72 hours a 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 ___ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH-18 Rev 1/89

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		y filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	as the
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hospital or att	INRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use ours after death with the State Dept. of Health and Mental Hygiene prior to burtal, cremation, or removal.	am 20 is marked or item 22 shows any injury or other trainingly ment the medical assembles round be notified as ance
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 36180

	STATE OF MA	ARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND EATE OF DEATH	MENTAL HYGII	7 4 1	36180		
1. OECEDENT'S NAME (First, M	fiddle, Last)			2. DATE OF DEATH	DAY)	3. TIME OF DEATH		
ELDAB:	ETH ()ABS	L BITTRI	ck	NTHOM NO 20	1993	3.50 P.M.		
4. SOCIAL SECURITY NUMBER	R 5, SEX 6	B. AGE (In yrs. lest birthday)	UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8	BIRTHPLACE (State or Foreign		
212 03 759	10 M 2 BF	100 YRS. MO	NTHS DAYS HOURS MIN.	(Month, Day, Year	893 1	Country)		
9a. FACILITY NAME (If not instit			b. CITY, TOWN OR LOCATION OF			OF DEATH		
			and the second second		0			
RESIDENCE OF DECE	LOWSON I LUKS	sinb Home	nozwol		DA	Llimors		
10a. STATE	10b. COUNTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY		
Mapylan	BALTIMORI	A	RRYHALL			LIMITS?		
	OUTILION		101. ZIP CODE		100 CITIZE	N OF WHAT COUNTRY?		
2 0 1110	00: -		0.10.0	,	log. Gillac	C O		
10e. STREET AND NUMBER 3 Ss LLL AV 11. MARITAL STATUS			9199	Ь		1.2.H.		
1 Never Married 2 M	12. WAS DECEDENT FORCES? 1	YES 2 NO	13. WAS DECENOENT OF HISP If yes, specify Cuban, Maxie			RACE American Indian, Black, White, atc.		
3 € Widowed 4 □ Divorce	IF YES, GIVE WAS	R OR DATES	1 TYES 2 TO NO Spec	elly:		Specify:		
	DENT'S EQUICATION	Tan agazaguzia iia				MALIE		
(Specify only it	highest grade completed)	16a. OECEOENT'S US (Give kind of work life. Do NOT use n	done during most of working	166. KIND OF	BUSINESS/INDUS	TRY		
15. DECED (Specify only in Elementary/Secondary (0-1): 17. FATHER'S NAME (First, Middle)	2) College (1-4 or 5 +)	Ma. Do NOT use h	Name of the second					
		1-(1-)	toms					
17, FATHER'S NAME (First, Midd	tle, Lest)		16. MOTHER'S N	AME (First, Middle, Mail	ien Surname)			
	1((JOUGALL	751.4					
19a. INFORMANT'S NAME (Type	e/Print)	19b. MAILING AC	ORESS (Street and Number or Rura	I Route Number, City or	Town, State, Zip Co	ode)		
FAMILY	RECORDS	SAM	IS AS AROV	5				
20a. METHOO OF DISPOSITIO	N	20b. PLACE AND OATE OF	DISPOSITION (Name of		LOCATION - CH	y or Town, Stata		
1 ◯ Burial 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S		cerpetery, crematory or other		18-12	Pank.	11 Mapyla		
21. SIGNATURE OF FUNERAL,		I HINKO	22 NAME AND ADDRESS OF	ACH ITY	MICH	TO THE THE		
	1		EVANS CHA	PELOFI	2moRi			
Thoules	A, onous P		8800 HAF		1 - 0AO	PARKVILLS		
Sequentially list condition if any, leading to immedicate. Enter UNDERLYIN								
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1 - FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

3 1993

ITEMS: 23 PART I, 27, 28a, b,e,f, PER MEO FILM G-706 12/15/93 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO.

3. TIME OF DEATN

10d. INSIDE CITY

1XXYES 2 NO

Approximats

COMPLETION OF CAUSE

1 YES 2 NO

Interval Between Onset and Death

1245

MD

AM

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 93 YEAR 05 DAY 12 MONTH ROBERT BEDFORD SR. P. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS MONTHS 219-07-0042 1XXM 2 ☐ F 75 YRS. 11-2-18 should Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 123 West 29th Street BALTIMORE CITY Pages 1, 2, RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD BALTIMORE permit. FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1223 W. 29th STREET APT. 16-D detached for use as the burial-transit U.S.A. hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE -- American Indian, Black, While, etc. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES SpeciBLACK BY 3 Widowed 4 N Divorced 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) UNKNOWN College (1-4 or 5+) LABORER N/A once. 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surname) urs after death. Page 6 may be retained by the In by the funeral director, page 5 should be detr 7 SAMUEL BEDFORD VIOLA LYNN 8 notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 5 ELAINE MOORE 1311 TRAVIS WAY/BALTIMORE, MARYLAND 21224 pe METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 N Burial 2 Cremation 3 Removal from State
4 Donation 6 Donation VOSHELL MEMORIAL GARDENS DUNDALK. MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY filled in by the fi WM.C.MARCH F.H./1101 E. NORTH AVENUE medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. completely filled rial, cremation, o **IMMEDIATE CAUSE (Final** the disesse or condition . _ SMOKE INHALATION AND THERMAL INJURIES event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, executed with DUE TO (OR AS A CONSEDUENCE OF): bunial. traumatic and CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leeding to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to requires that the death certificate be CAUSE (Disease or Injury that initiated events other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO MEDICAL Health and amy 1 YES 2 | NO Shows has been a Dept. of P PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE DF DEATH (Check only one) this certificate h Hem OTHER: 1XXYES 2 | NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 6 27. MANNER OF DEATH 284. DATE OF INJURY FOUND 28c. INJURY AT WORK? 286. TIME OF AM 28d. OEȘCRIBE NOW INJURY OCCURED marked, 1 Natural 2/05/93 0034 A 1 YES 2 NO VICTIM OF HOUSE FIRE DIRECTOR: After the hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) BALTIMORE, MARYLAND 123 West 29th Street 3 Suicide 6 Could not be COMPLETED 4 Homicide AT HOME RESIDENCE 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. TO THE HOSPITAL (TO THE FUNERAL CE DE filed within 72 he important: If is 2 XMEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE DF CERTIFIEF 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE brute no O.C.M.E. 12/05/93 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

Julia Sevida

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

	4 DESCRIPTION NAME OF THE ADDRESS OF THE PARTY OF THE PAR	ATTA TO TT	OLITIII	TOATE	OI DEA	1111		G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Reverend Ward H.		rd Howe		SS.T.		2. DATE OF DE	DAY -	93	1. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 296-18-8387 A	5. SEX 6. AGE 1 ★ M 2 ☐ F 7((In yrs. last birthday) YRS.		YEAR IF UND DAYS HOURS	ER 24 HRS. MIN.	7. DATE OF BIF (Month, Day, 06/10/	Year)	8. BIRTHPI Country) Ohio	LACE (State or Foreign
	9a. FACILITY NAME (If not institution, give si	treet and number)		9b. CITY, 1	OWN DR LOCA	TION OF DEA			OUNTY OF DEA	
DIRECTOR	Stella Maris Hos	spice			Towson					9
S E	10a. STATE 10b. COUNTY	1	10e CI	TY, TOWN DR	LOCATION				- 1	Od. INSIDE CITY
		TIMORE			SVILLE			LIMITS?		
ERAL	10a. STREET AND NUMBER 8400 Park Hei	ghts Avenue			101. ZIP CO	1208		10g. CITIZEN OF WHAT COUNTRY? USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 ZNO				, Puerto Rican,			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of	work done du	CUPATION ring most of work	king	16b. KIND	OF BUSINESS/I		
ן ב	Elementary/Secondary (0-12)	College (1-4 or 5+)	and Do Nor .	iso remed.)			Ra	ligious	Order	
Ē		5+	Pr	iest						
BE CC	17. FATHER'S NAME (First, Middle, Last) Ward Howe Ba	aker, Sr.			18, MO			Maiden Surname Schroed	,	
0	19a. INFORMANT'S NAME (Type/Print) Rev. Father John	L. Dorn.O.SS						or Town, State,		MD 21208
	20a. METHOD OF DISPOSITION 1 N Burlal 2 Cremation 3 Remo	20	b. PLACE AND DATE metery, cremetory, or IOLY 1111	OF DISPOSIT	ION (Name of			20c. LOCATION	— City or Tow	7, State
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		OLY ILLI			-			ville,	MD
	▶ Martin D	Illaria X	James					lefeld,		21093
CERTIFICATION	Sequentially list conditions, if any, isading to immediata cause. Enter UNDERLYING	b	A CONSEQUENCE (
ENIIFI	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE (OF):						
	PART II. Other significent condition	s contributing to deeth	but not resulting	In the und	erlying csuse	given in F		WAS AN AUTOPS PERFORMED?		VERE AUTOPSY FINDING
MEDICAL							_ 10	YES 2 DYO		OMPLETION OF CAUSE OF DEATH?
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				26. PLACE OF	DEATH (Chec	ck only one)			
5	1 TES 2 NO	HOSPITAL; 1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:	ng Home 5 🗆 I	Rasidence 8	Other (Spec	HOS	pice	
	27. MANNER OF DEATH 1 X Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TII		8c. INJURY AT WORK? 1 YES 2			HOW INJURY O		1111
EU BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28s. PLACE OF INJUR building, stc. (Spo		atreet, factor	y, office		281, LOCATION City or Town	(Street and Numb n, State)	ber of Rural Ro	ute Number,
COMPLEIED	one)	CIAN: To the best of my known R: On the bests of examination								and manner as stated
BE CO	29b. SIGNATURE AND TITLE OF CERTIFIER		· ~~			CENSE NUM	BER			fonth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH				7-11			on Mari	77/7/	21204
	Kendall R. Faulk	A 20-DECISTRATION CO	MATRICE	aney \	аттеу	Road	, TOWS	on, Mar	yrand	21204
	DEC 1 3 1993	his burdson-for	ydell.							

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BALTIMORE, MARYI	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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OF VIT	PYSICIAN Th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	R ATTENDING P
P	C

AND 21215-0020

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within and onthe feath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 36 183

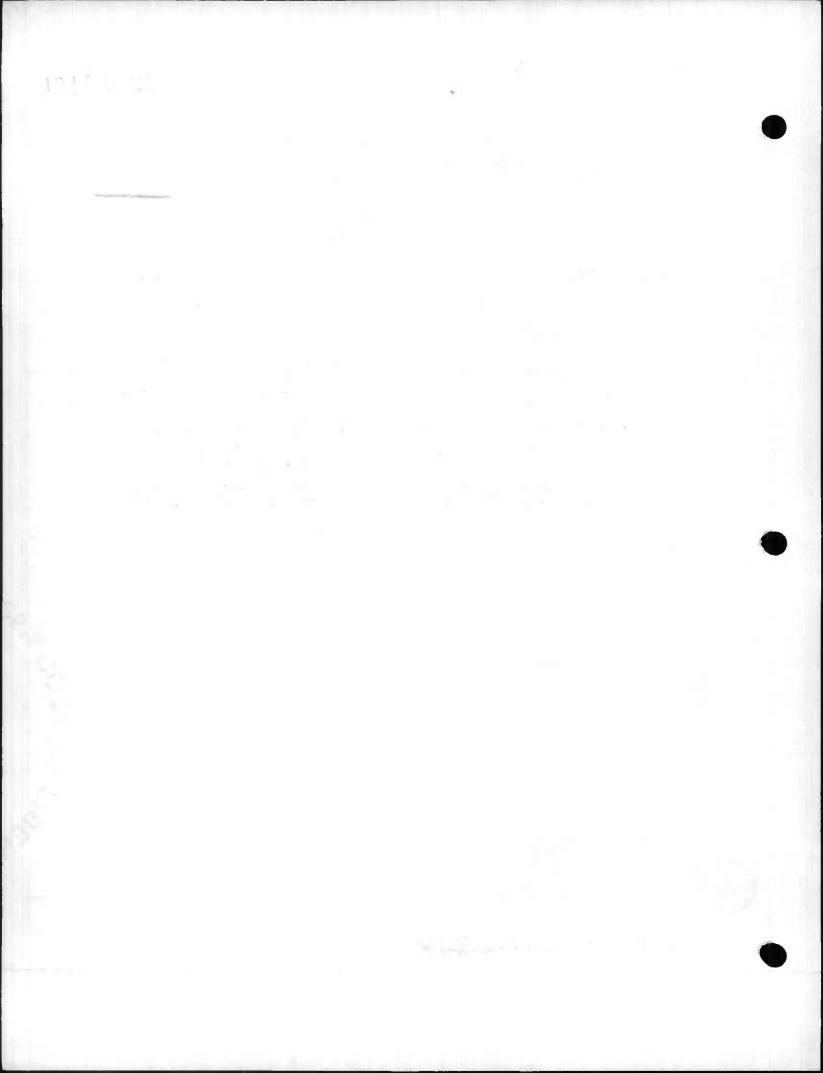
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	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH	1
	VALERIE	R.		CATTER'	TON	12 1	1 1993		Ам
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In yrs.		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		RTHPLACE (State or Fore	
	217-48-7427	1 DM 2 DF 28	YRS.	MONTHS DAYS	HOURS MIN.	(Month: Day, Your)	55 8	C Chunton	
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œ						CAIR	Se. COUNTY C	P DEATH	
2	SINAL HOSPITAL			BALTI	MORE				
DIRECTOR	19a. STATE 10b. COUNTY		10c. CITY	TOWN OR LOCA	TION	11		10d. INSIDE CITY	
<u>۳</u>	Will	***************************************	A	3 often	1001	Vot.		1 YES 2 N	
	10e, STREET AND NUMBER			acar,	. ZIP CODE	ery	40- OFFITCH	OF WHAT COUNTRY?	10
FUNERAL	2000 201	1 Street			カックラ	-	A J	A COUNTRY?	
W.	11. MARITAL STATUS	- sueer			3100	0 4	10.1	7-01.	
5	1 Never Married 2 Married	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2	NO	If yes, sp	CENDENT OF HISPA ecity Cuban, Maxic	NIC ORIGIN? (Specify 'an, Puerto Ricen, stc.)	Yes or No — 14. F	RACE — American Indian	n,
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES	2 Dy Speci	lfy:	1 3	The A	
	15. DECEDENT'S EDUC	ATION 160	DECEDENT'S	USUAL OCCUPATION	24	Time was on a	USINESS/INDUSTY	suce.	-
E	(Specify only highest grade of	completed)	(Give kind of w life. Do NOT us	rork done during mo	est of marking	sea Kino or I	NO PRESENTATION OF THE		
7	Elementary/Leogrithmy (0-12)	College (1-4 or 5+)	Wal.	. 11	111.0	+			
COMPLETED	13 FATHER'S NAME (Fight, Middle, Last)		MALL	al I	aseec	24			
ö	To old and it	12			1011	AME (First, Middle, Melly	en Surname)	111. 1.	1
BE	Dromana Ste	Se 12.			HOVA	MA KKE	nica	were	/
2	19g. INFORMANT'S NAME (Type/Print)	7. h	196. MAILING	ADDRESS (Street	nd Number or Bural	Route Nugiber, City of 1	own, State, Zip Code	" 1	
	Decklard -	cese 1.	210	1-	sue	el osa	WOLLA	d. B/20	20
	20e:METHOD OF DISPOSITION 1 Derial 2 Cremation 3 Ramo	val from State 20b.PVAC	rematory of	F DISPOSITION (No	ame	DATE/ 204	LOCATION - City	r Town, State	MI
	4 Donation 8 Other (Specify)	1500	le L	osau	cem	171419	3 Keny	rettel 15	vu,
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	1	12 NAME A	ND ADDRESS OF F	ACILITY TO 10	3/	useal.	
	V/ Hello	1)		nuc	wa.	the state		Um of	-
	23. PART 1. Enter the diseases, or 6	omplications that caused the	death. Do n	ot enter the mo	de of dving, au	ch as cardiac or rea	niratory arrest	Approximat	to
	ahock, or heert failure. L	lat Dnly one cause on each li	ne.				-principle arroady	interval Bel	tween
	IMMEDIATE CAUSE (Final disease or condition							Onset and	Death
	resulting in death)	MULTIPLE DUE TO (OR AS A CONS							
		DOE TO ON AS A CONS	SECUENCE OF	·):					
CERTIFICATION	Sequentially list conditions,	DUE TO (OR AS A CONS	SEQUENCE OF	D.	-				
ATI	If any, leading to immediate cause. Enter UNDERLYING	00L 10 (011 NO N 00110	DEGOENCE OF	<i>y</i> -					
5	CAUSE (Disease Dr Injury	DUE TO (OR AS A CONS	SECULENCE OF	n.					
Ē	that initiated events resulting in death) LAST	(oil 110 H 00110	PEOGENIOE OF	,					
ij									
	PART II. Other algolificant conditions	contributing to death but no	t resulting i	n the underlyin	g ceuse given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FIN	
EDICAL							ORMED?	AVAILABLE PRIOR TO COMPLETION OF CA	
						1 D YES	2X_1 NO	OF DEATH?	
Σ								1 YES 2 N	0
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL			26 Pi	LACE OF DEATH (C	book onty one)			
$\frac{3}{2}$	EXAMINER? 1 Ty YES 2 NO	HOSPITAL:		OTHER:					
¥.	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 28a, DATE OF INJURY	28b. TIM		URY AT	6 Other (Specify)	u w wer cooler		
효	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	PRK7	26d. OESCRIBE HOV		AUTO)
BY	2 Accident Investigation	12/11/1993	2:0	7	YES 2 NO	PASSENG		UTO/IMPA	
0	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY — At building, stc. (Specify)	nome, tarm, s	treet, factory, offic		INTERST	MIE #83	RUXTO	N
COMPLETED		INTERSTATE	OFF	RAMP		ROAD TO	NOSWC	MARYLAND	
7		IAN: To the beat of my knowledge,	death occurre	d at the time, date	and place, and du	e to the cause(s) and n	nanner as stated.		
8	MEDICAL EXAMINER	: On the basis of examination and/o	or investigation	n, in my opinion, d	leath occured at the	e time, data and place,	and due to the cau	see(a) and menner as sta	nted.
	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	IMBER	29d, DATE SIG	NED (Month, Day, Year)	-
BE	DeThewles in X.	D. Dran.	V.11	1.0					
임	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH IT	EM 27) (Type	Print)	O.C.M	l. L.	12/	11/1993	
	0					4. 4	Man 7		1
1	MARGARITA KORF.I 31. DATE FILED (Month, Day, Year)	32. JEGISTRARIS SIGNATURE	Pen	n Stre	et, Bal	timore,	Maryla	ind 2120	Ţ
	DEC 1 3 1993	gulie buildon	Pomplesse						-
	DEG T O 1999	1/1							

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DHMH-18 Rev 1/89

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	1	1. DECEDENT'S NAME (First BARBAR		LYN (CAMPBE		IOAIL	01	DEATH	2. DA	REG. NO.	Š. 19	3.	TIME OF DEATH 3:55 a.	
		4. SOCIAL SECURITY NUMBER		5. SEX		rrs. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH		O. BIRTHPLA	ACE (State or Form	
	31	337-38-8881		1 🗌 M 2 🖾 F	51	YRS.	MONTHS	DAYS	HOURS MIN,	10	onth, Day, Year) 0-8-42	:	Country)	ois	
, 3 should	E	99. FACILITY NAME (If not institution, give street and number) THE JOHNS HOPKINS HOSPITAL BALTIMORE													
s 1, 2, 3;	ی	RESIDENCE OF DEC	10b. COUNT	v		100.00	19c, CITY, TOWN OR LOCATION								
Page	DIRE	Maryland		· Arundel			napol	-	ION					d. INSIDE CITY LIMITS? YES 2 N	10
Semit.		10e. STREET AND NUMBER					mapor		. ZIP CODE			10g, CITIZ		T COUNTRY?	
r use as the burial-transit p	FUNERAL	117 Bay Dr.							21403			U.S	.A.		
2	BY FU	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES?	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Ye if yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 X NO Specify:						i,	
SS (ETED	15. DEC	EDENT'S EDU	ATION 16a. DECEDENT'S				UAL OCCUPATION 16b. KIN c done during most of working			16b. KIND OF BUS				_
be detached for use at once.		Elementary/Secondary (College (1-4 or 5	+)	Ille. Do NOT u	retired.)				Comment				
once.	COMPL	17. FATHER'S NAME (First, M	firfella (aut)	4 yrs		Syste	ems An	ату		ALES COL	Comput				
9 ta	ŭ	John W.					Marga		st, Middle, Melden	Bittl	Ler				
5 should be	0	19a. INFORMANT'S NAME (198			ADDRESS (Street a	and Number or Rura		umber, City or Tow	n, State, Zip	Code)		
be not	ř	John W. Al	lyn,Jr	•					Rd. Bo	xfor	d,MA 01	921			
must be	į	20a. METHOD OF DISPOSIT 1 Burlel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PL cameter	ACE AND DATE	of Disposition (Control of Dis	IDN (Na	Corp.	1,2-		cation — c	Md.	State	
filed in by the funeral director, page 5 should ion, or removal. he medical examiner must be notified		21. SIGNATURE OF FUNERAL SERVICE LICENSEE					Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md. 21204							Ī	
cremati		23. PART f. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF):									Approximat Interval Bet Onset and	two			
ending physician and c I Hygiene prior to buria or other traumatic	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST MASSIVE Brain Swelling DUE TO (OR AS A CONSEQUENCE OF): Ruptured Averysm Due to (OR AS A CONSEQUENCE OF):								30				1 dy	
of Health and	MEDICAL	PART ii, Other significant conditions contributing to deeth but not					t resulting in the underlying cause given in						CO OF	RE AUTOPSY FINE AILABLE PRIOR TO MIPLETION OF CA DEATH?	O WSE
원은 건 4	CIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOODITAL					ACE OF DEATH (C	Check only	one)				
or Item	PHYSICI	1 TYES 24 NO		HOSPITAL:	☐ ER/Outpatie	ent 3 🗆 DOA	OTHER:		e 5 🗆 Residence	\$ D O	ther (Specify)				
5 5 45		27. MANNER OF DEATH 1 Noturni 5	Pending	28e. DATE DI (Month, I	FINJURY Day, Year)	28b. Till IN	JURY 2	WO	URY AT	28d. (DESCRIBE HOW I	NJURY OCC	URED		
4 0 e	ED BY	2 Accident 3 Suicide 6	Investigation Could not be determined	28e. PLACE (building	OF INJURY — , etc. (Specify)	At home, farm,	street, factor		YES 2 NO	281. L	OCATION (Street in State)	and Number (or Rurel Rout	e Number,	
M 2	ij.	An - OFFICIEN								_					
	OMPL	(Check only		ICIAN: To the best of a										nd manner as sta	rted,
E III	ŏ		-												
ENNERAL Sammer 72 REMETER	h II	280. SIGNATURE AND TITLE OF CERTIFIER					29c. LICENSE NUMBER				200 c				
d with T		M/ 16	HI.	MD				- 1	271	157		1	5-8-	93	
E MEN Z	40 86	30. NAME AND ADDRESS O	F PERSON WI	ID COMPLETED CAU	USE OF DEATH	1-00kg			230	121		• (5-8-	13	



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INISION OF VITAL RECORDS, P.O. BOA 66/60,	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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INTERIOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Ours after death. Page 6 may be retained by the hospital or attending physician.

INTERIOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INTERIOR TANK. If Item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 36185 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

112010	STHAH		QI	ERIIF	ICAIL	_ 01	DLA	111		REG. NO				
1. DECEDEN	T'S NAME (First, Middle, I BESSIE	M CROSBY				H			MONT	OF DEATH O	AY	YEAR	12:15P	
4. SOCIAL S	SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	at birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		OF BIRTH	10, .		ACE (State or Foreign	
	0-6002	1 □ M 2 🔀 F	93	YRS.	MONTHS	DAYB	HOURS	MIN.	(Mont 11-4	-1900		Country) Mary		
	Y NAME (If not institution,				9b. CITY,	TOWN C	R LOCATI	ON OF OR	EATH		9c. COU	INTY OF DEA	ГН	
	er Baltimo	re Medical	Center		Tot	wson					Bal	timor	timore	
10e. STATE Maryl	Manual - 1					CITY, TOWN OR LOCATION TOWSON					10d. INSIDE CIT- LIMITS?			
	AND NUMBER					101	ZIP COO				T 10- CIT			
	2400 Dulaney Valley Road 207F					101. ZIP CODE 21204			U.S.A.			COONTHY?		
	STATUS Married 2 Married ed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	T EVER IN U.S. ARMED YES 2 X NO AR OR DATES			If yes, sp	ENDENT Cooling Cubic	n, Maxica	n, Puerto	RIGIN? (Specify Yes or No— 14. RACE Black, stee Ricen, etc.) 14. RACE Black, Specify Whit			American Indian, White, etc.	
3	15. DECEDENT'S	EDUCATION	18e. DE	CEDENT'S	USUAL O	CCUPATIO	ON		168	KIND OF BU	SINESS/IN	DUSTRY		
Elements 1 17. FATHER'S	(Specify only highest ary/Secondary (0-12)	College (1-4 or 5+)	(G	ive kind of . Do NOT u	work done o se retired.)	during mo	st of workir	10	C	ounty	Gove	rment		
1				cret	arv					_			urt House	
17. FATHER'S	NAME (First, Middle, Les	10)					18. MOTI	HER'S NA		Middle, Maiden		,	ar c nouse	
D	avid	Tapsc					K	atie			Hett			
19a. INFORM	IANT'S NAME (Type/Print)									ber, City or Tow				
Bonni	e Margolis	1,00	1	.1217	Five	e Sp	ring	s Rd	.,Ti	monium	n, Nd	. 2109	93	
XX Buriat	D OF DISPOSITION 2 Cremation 3 O	Samoval troof State	20b. PLACE cometery, cre	and date	of dispos other place) eme te	ITION/Na	me of	12-1	3-93	E 20c.LC	CATION -	City or Town	sum aryland	
	HE OF FUNERAL SERVICE				22.	NAME AP	ID ADDRE	SS OF FA	CILITY				ar y zana	
E	rnest	eist III								al Honwson,			21204	
if any, lea- cause. En CAUSE (D that initiat	ily list conditions, ding to immediate ter UNDERLYING Isease or injury	DUE TO (C	OR AS A CONSE	OUENCE O	F):	el	2	r h.	10-	se kro	175			
PART II. O	Other algnificant cond	ditions contributing to d		reaulting	In the un	derlying	cause (given in	Part I.	24a. WAS AN PERFOR	RMED?	CI	ERE AUTOPSY FINDING MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO	
-				1		1								
	SE REFERRED TO MEDIC			1	7	26. PL	ACE OF D	EATH (Ch	eck only o	10)				
EXAMIN 1 TYE	S 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER		• 5 🗆 Ra	sidence	6 Othe	r (Specify)				
1 1/4400		28a. DATE OF II (Month, Day		286, TIN	-	28c. INJ WO	_			SCRIBE HOW	NJURY OC	CURED		
2 Acc	cide 8 Could no	28e. PLACE OF building, at	INJURY — Atc. (Specify)	may farm.	street, fact		2.5	J NO	281. LOC	ATION (Street or Town, State)	and Numbe	r or Aural Rou	te Number,	
4 Hon	IER DEPTIEVING	PHYSICIAN: To the best of n	ny kaominina dia	/	ad et al. III		and =1	and i		-				
29a. CERTIFI (Check o		AMINER: On the basis of exa											nd manner as stated.	
29b. SIGNAT	URE AND TITLE OF CER	TIFIER					29c. LICI	ENSE NUN	ABER.	4	29d. DAT	E SIGNED UM	fonth, Day, Year)	
30. NAME A	NO ADDIVESS OF PERSON	N WING COMPLETED CAUSE		M 27) (Type	o, Print)	41	inch		V11	lag	1802	1	21604	
DEC 1	ED (Month, Day, Year) . 3 1993	July Kundan	'S SIGNATURE				/							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SHIPE WILLIAM
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	Commence of the commence of th	(First, Middle, Last)							MON	E OF DEATH	AY	YEAR	3. TIME OF DE
	Edward C		7	T		T			12			3	11: 2
					UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			Country)				
	9a. FACILITY NAME (# /			12	THS.	9b. CITY, TOY	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DI						yland
R		770				Baltimore City							
СТОВ	Union Me RESIDENCE OF 1					TY, TOWN OR LOCATION							
DIRE	Md.	Bal:	timore			or Location							IOd. INSIDE CI
	10s. STREET AND NUM		0 2 111 0 2 0	-	1 "	101. ZIP CODE					10a, CITIZ		I YES 2
ERAL	1928 Was	reham 1	Rd.				21	1222			196	S.A.	
BY FUNE		11. MARITAL STATUS Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO 1 YES 2 NO 1 YES, GIVE WAR OR DATES				13. WAS DECENDENT OF HISPANIC ORIGIN? (Spe If yes, specify Cuben, Maxican, Puerto Rican, 1 YES 2 NO Specify:					s or No—	Black,	- American In White, etc.
ED		DECEDENT'S EDU		16a, E	DECEDENT'S	USUAL OCCUP	PATION	l working	16	b. KIND OF BUS	SINESS/INDU	JSTRY	
	Elementary/Seconda		College (1-4 or 5	+)	te. Do NOT u	ermake	-			Unio	n		
COMPLET	12th	nt hillodolio 1 anti	(6-6)		DOTI	ELMAKE							
_	Arthur		lison				18.			White			
BE	19a. INFORMANT'S NAI			1	96. MAILING	3 ADDRESS (Str	pet and N					Code)	
5	196. INFORMANT'S NAME (Type/Print) Edward O. Cullison Jr. 1928 Wareham Rd. Baltimore, Md. 212										1222		
	20a/METHOD OF DISPOSITION 1 M_Burial 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 20a. METHOD OF DISPOSITION (Name of cometery, crematory or other place) St. Pauls Luth. Ch. Cem. 12/10 Upperco M. 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dun												
	23. PART I. Enter th					Con 711	nel 0 S	lly Fu Soller	ner s P	t Rd	Dunda	alk	
		or heart failure. (Final	List only one ca		to.	Con 711 not enter the	nel 0 S	lly Fu Soller	iner es P	t Rd	Dunda	alk	2 1 2 2 2 Approximately
ERTIFICATION	shock, of immediate cause disease or condition	or heart failure. (Final in in in in in in in in in in in in in	B. DUE TO C.	rubels	EQUENCE O	Con 711 not enter the	nel 0 S mode c	lly Fu Soller of dying, suc	iner es P	t Rd	Dunda	alk	2 1 2 2 2 Approximately
MEDICAL CERTIFICATION	shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirmly	nditions, nmediate RLYING injury	B. DUE TO DUE TO DUE TO d.	O (OR AS A CONSI	EQUENCE O	Con 711 not enter the	nel 0 S mode c	lly Fu Soller of dying, suc	iner	t Rd	Dund: iratory arre	a 1 k	Approxi- interval Onset a Onset a NERE AUTOPSY WAILABLE PRIC COMPLETION OF
MEDICAL C	shock, of IMMEDIATE CAUSE disease or condition resulting in death) Sequentially list confirmly	or heart failure. (Final n	DUE TO DUE TO	O (OR AS A CONSI	EQUENCE C	Con 711 not enter the	mel 0 S mode o	lly Fu Soller of dying, suc	Part I.	t Rd rdlec or respi	Dund: iratory arre	a 1 k	Approxitinterval Onset a Onset a NERE AUTOPSY WAILABLE PRIC COMPLETION OF
EDICAL C	shock, immediate cause disease or condition resulting in death) Sequentially list continues and it any, leading to incause. Enter UNDE CAUSE (Disease or that initiated events resulting in death): PART II. Other sign 25. WAS CASE REFERRICAMINER? 1 YES 2 NO. NO. 27. MANNER OF DEATH 1 Netural 6	or heart failure. (Final n	DUE TO DUE TO	O (OR AS A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER OF A CONSIDER	EQUENCE C	Com 711 not enter the PF: In the under OTHER: 4 Nursing ME OF 28c JURY M 1	mel 0 S mode c	1 1 y Fu Soller of dying, suc Buse given in	Part I.	24a. WAS AN PERFOR	Dund: iratory arre	24b. V	Approxidinterval Onset a WERE AUTOPSY MAILABLE PRIOR OOF DEATH? I YES 2
PHYSICIAN: MEDICAL C	shock, immediate shock, immediate cause disease or condition resulting in death) Sequentially list confirming in death) Sequentially list confirming in death) CAUSE (Disease or that initiated events resulting in death) PART II. Other sign 25. WAS CASE REFERREXAMINER? 1	record failure. (Final n	DUE TO DUE TO	O (OR AS A CONSIDER OF INJURY Day, Year) OF INJURY — At 1, ist (Specify)	EQUENCE C reaulting 3 DOA 28b. Till IN	COII 711 not enter the PF): In the under OTHER: 4 □ Nursing ME OF 28c JURY M 1 street, factory,	mel 0 S mode c	Puse given in E OF DEATH (C) The puse given in E OF DEATH (C) The puse given in	Part I.	24a. WAS AN PERFOR 1 VES 2 CATION (Street y or Rown, State)	Dund: iratory arre Autopsy amed? Injury occi	24b. y	2 1 2 2 2 Approxit Interval Onset al WERE AUTOPSY MAILABLE PRIO DOMPLETION OF DEATH? I VES 2

29d, DATE SIGNED (Moreth, Day, Year)

12/7/93 DEA 30. NAME AND ADDRESS
31. DATE FILED (MONTH.)
DEC 1 3 1993 DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIFI	IMENT OF HEALTH AND MEI	NTAL HYGIENE 9	3 36187
	1. DECEDENT'S NAME (First, Middle, Last)	y Dean		DATE OF DEATH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. lest birthday) 1 N 2 F S YRS.	MONTHS DAYS HOURS MIN.	(Month, Dey, Year)	BIRTNPLACE (State or Foreign Country)
TOR	9a. FACILITY NAME (If not institution, give BUFORIST RESIDENCE OF DECEDENT	URSING Home	PORST HILL	9c. COUNT	RFORO
DIRECTOR	108. STATE 106. COUNT	V 10c. CTT	LARAZY		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2903 ORT	HWIND ROAD	101. ZIP CODE 21234	U.	N OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2. ☑ NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPANIC C If yes, specify Cuban, Maxican, Pr 1 YES 2 NO Specify:		I. RACE — American Indian, Black, Whita, etc. Specify:
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		USUAL OCCUPATION ork done during most of working a retired.)	16b. KIND OF BUSINESS/INDUS	этнү
COMP	17. FATNER'S NAME (First, Middle, Last)	1221 P	HONE OFERATOR	First, Middle, Maiden Surname)	RATT HOSE
TO BE	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural Route	Number, City or Town, State, Zip C	DSR pode)
	20a. METNOD OF DISPOSITION 1 SK Buriel 2 Cremetion 3 Rec		her place)	DATE 20c. LOCATION CH	(1)
	4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	1.11	22. NAME AND ADDRESS OF FACILITY EVANS CHARLE 8800 HARFORD		El PRALACO
AL CERTIFICATION	23. PART i. Enter the disease, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused the death. Do n List only one cause on each line. Brown 4 DUE TO (OR AS A CONSEQUENCE OF	or probably n	cardiac or respiratory arres	Approximate interval Between Onset and Deat
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3	PART II. Other algnificant condition	d	n the underlying cause given in Par	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 N NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N.	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check of	only one)	1 YES 2 NO
YSIC!	EXAMINER? 1 YES 2 KNO	HOSPITAL: 1 Inpetient 2 ER/Outpetient 3 DOA	OTHER: 438 Nursing Nome 5 Rasidence 6	Other (Specify)	
ву РН	27. MANNER OF DEATN 1 M Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 28b. TIMI INJU	E OF 28c, INJURY AT WORK? 1 YES 2 NO	S. DESCRIBE NOW INJURY OCCU	RED
TED	3 Suicide 8 Could not be determined	28s. PLACE OF INJURY — At home, term, a building, etc. (Specify)	treet, factory, office	LOCATION (Street and Number or City or Town, State)	Rural Route Number,
COMPLE	onel —	SICIAN: To the best of my knowledge, death occurre ER: On the basis of examination end/or investigation			
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	" Palapslie	29c. LICENSE NUMBER	29d. DATE 5	SIGNED (Month, Day, Year)
10	38. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	Print) 31 BELFIR ROE	104	
	31. DATE FILED (Month, Day, Year) DEC 1 3 1993	32. REGISTRAR'S SIGNATURE	-, -, 110	<u>~</u>	



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	George	Kohlhoff				Catherine					Hoover			
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	21. SIGNATURE OF FUNDRAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc.													
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Law regulace, that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has began agreed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director to the funeral direct	oe lied whalin 12 hours are used with the State Copy. Or regard and mental righers provide control, or service. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Max Frank
31. DATE FILED (MORIT, DOV. WAR)
DEC 13 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

. 7575 Ritchie Highway

1. DECEDENT'S NAME (First, Middle, Last)			ERTIFICAT				OF DEATH			3. TIME OF D	EATH	
	Helen	(NMN)	Dziub	ala		Dec			YEAR	5:45	р	
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. las	st birthday) IF UND	DER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRT	HPLACE (State o	r Foreign	
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9s. FACILITY NAME (If not institution, give stre-	et and number)		9b, Ci	TY, TOWN O	R LOCATION OF D	-			JNTY OF		L D	
Crofton Convale	escent (Center	r	Cro	fton		Anne A				1	
10e. STATE 10b. COUNTY			10c. CITY, TOWN	OR LOCAT	ION				10d. INSIDE CITY LIMITS?			
Maryland Ani	ne Arun	del		Crof			ton			1 TYES 2 NO		
10e. STREET AND NUMBER				101.	ZIP CODE	CODE 10g. CITI				IZEN OF WHAT COUNTRY?		
2131 Davidsonv	ille Roa	ad			21	21114				SA		
	12. WAS DECEDENT E	RMED 1			? (Specify Yes	or No-	14. RAC	E — American I	ndien,			
1 Never Married 2 Married 3 W Widowed 4 Divorced	IF YES, DIVE WAR			elfy Cuban, Mexic 2 NO Speci		rican, etc.)		Spe				
15, DECEDENT'S EDUCA		CEDENT'S USUAL	OCCUPATIO	N .	16b	. KIND OF BUS	INESS/IN	IDUSTRY	MILL	-6		
(Specify only highest grade or Elementary/Secondary (0-12)	College (1-4 or 5 +)	(G	live kind of work dor Do NOT use retired	ne during mos f.)	st of working							
8		7	Celepho	ne 0	perato	r	111	ino	is	Bell		
17. FATHER'S NAME (First, Middle, Last)	2020											
Stanley 1	ruga 16. MOTHER'S NAME (First, Middle, Malden Surname) Krystyna Obrzu						rzu	t				
19a, INFORMANT'S NAME (Type/Print)	- J	19	b. MAILING ADDRE	ESS (Street a								
Christine Gloed	ckler	1	12201 F	rosp	ect La	ndin	e Mit	che1	lvi1	lle, MD	207	
20a. METHOD OF DISPOSITION 1 Surial 2 A Cremation 3 Remov			AND DATE OF DISP	-		DAT			_	Town, Stata		
1 Buriel 2 Cremation 3 Remov	el from State	cemetery, cre	ematory or other place	e	,Inc. 1	2/1	2 1	1-1	ima	MT	1	
4 L Donation 5 L Other (Specify)		Melro) Crema	LOTV	. Inc.	/1/) I I	1211		TO. MI	,	
21. SIGNATURE OF PURERAL PERVICE LICE	WSEE //	metro	2	2. NAME AN	D ADDRESS OF F	ACILITY				re, MI		
21. SIGNATURE OF PURERAL DERVICE LICE	-/nec/	Metro	Č	2. NAME AN	tion S	OCI e	ty of	Md	٠,	Inc.		
21. SIGNATURE OF PURERAL DERVICE LUCE George E. I	MacNabb	The	Č 2	rema 199 F	tion S rederi	ocie ck R	ty of	Md Balt	.,	Inc.		
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Glen Burnie,

MD 21061

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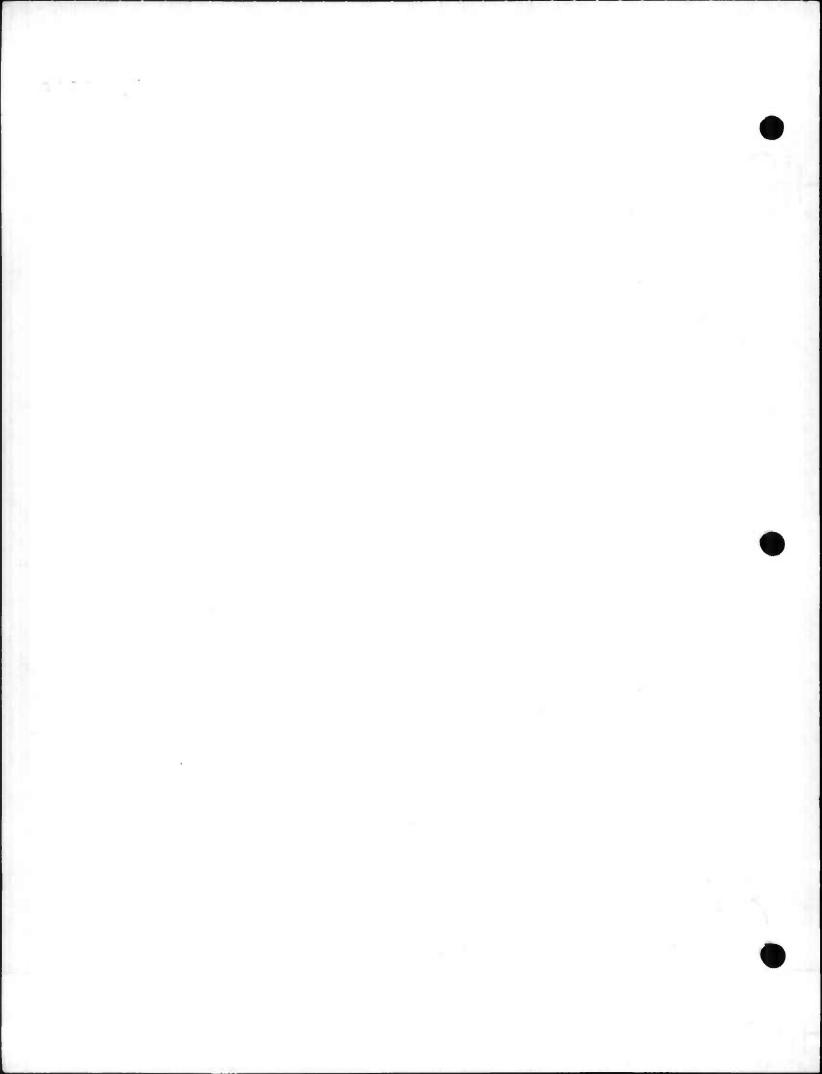
2

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH RURTON CRAIR DILLON ID THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the retained by the type of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled with in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRECTOR BALTIMORE, MARYLAND 21215-0020 MPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once, DIVISION OF VITAL RECORDS, P.O. BOX 68760, BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

36190

	BURTON CRAIG DIL								Dea	imber 1	0 199	YEAR	4-25 P		
4. SOCIAL SECURITY NUMBER 215-03-4161		S. SEX	6. AGE (In yrs. I.	est birthday) YRS.	IF UNDER		IF UNDER	24 HRS.	7. DATE	OF BIRTH	1010	Country			
9a. FACILITY NAME (If not ins			,,,		9b. CITY	, TOWN OR	LOCATIO	ON OF DE		,	9c. COUN		SYLVANIA		
KESWICK NUR		NTER			BA	ALTIM	ORE								
RESIDENCE OF DEC	10b. COUNTY			10c. CIT	Y, TOWN C	OR LOCATIO	ON	_				Т	10d. INSIDE CITY		
MARYLAND	HARFO)RD		KII	NGSV 1	ILLE							LIMITS? 1 YES 2 X NO		
906 MONICA	CIDCLE					101. 2	ZIP CODE	087			10g. CITIZ	USA	IAT COUNTRY?		
11. MARITAL STATUS		2. WAS DECEDENT	EVER IN U.S. A	U.S. ARMED 13. WAS DECENDENT OF HISPAI									I4. RACE — American Indian, Black, White, etc.		
1 Never Married 2 1 1 3 Never Married 4 Divor	ced	FORCES? 1 [IF YES, GIVE WA		1 TES 2 NO Specific				1, Mexica	ican, Puerlo Rican, etc.) Bi				White, etc.		
(Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)				6a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				160	b. KIND OF BU	SINESS/INDU	STRY			
14				BOOK PUBLISHER					PUBL	.ISHIN	G				
. FATHER'S NAME (First, Middle, Last) LAWRENCE				DILLO	N		EDIT	ГН		Middle, Maiden	Sumame)		SLEITH		
LA VERNE P. DILLON				906	MON	S (Street and ICA C	IRCL	er Aural F	ÎNGS	VILLE,	m, sme zip (2108	7		
20a. METHOD OF DISPOSITION 1 W Burlal 2 Cremation 4 1/2 Constition 5 Const	n 3 🗆 Remova	al from State	cemetery, ci	e AND DATE	ther place)				DA1		CATION — C				
21. SKINATISHE OF PUNERAL	SERVICE LIDEN				22.	NAME AND	ADDRES	S OF FA	CILITY	4/193 E	SAL I IM	UKE,	. אוויי		
> Salw	6 Val	JOHN E.	DOLAN			EONAR					MODE	MD	21214		
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resulting in death) LAST	d														
arpriorie	enatio	, hear	t aus	but not resulting in the underlying cause given in dust are with buint far church and conges				wast	PERFORMED?			246. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
Leant fl	acler	٥	t					1							
5. WAS CASE REFERRED TO EXAMINER?	H	IOSPITAL:			OTHER		CE OF DE	ATH (Chi	eck only o	ne)					
1 YES 2 NO	1	28a. DATE OF II	LHIRY	3 DOA 28b, TIM		alng Home 28c. INJUF	_	idence		r (Specify) SCRIBE HOW	IN SUBSY CACK	ieco.			
1 Netural 5 P	ending restigation	(Month, Day	(Year)		JURY M	WOR	K7 ∩ S 2 🔯	(NO	DRIV		V AUT		IXED OBJE		
3 Suicide 6 C	could not be elermined	28e. PLACE OF building, et	INJURY — AI h	ON S'					28f. LOCATION (Street and Number or Rural Route Number, IMP Chy or Kevny, State) UNKNOWN				ute Number, IMPAC		
		N: To the best of m											and manner as stated.		
296. SIGNATURE AND TITLE		^					29c. LICE						Month, Day, Year)		
M. Rabello	Vac	yreger	MD	13657 ▶20				Dec	urbe	1.10,1993					
77 BABELLE	MACGA		KESWI			v 40	M.S	ST-1	BAL	TITOK	LE , h	为海	1211		
31. DATE FILED (Month, Day, N	que	32 DEGISTRAR	'S SIGNATURE												

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



	1, 2, 3 should		
	Pages		
PIN CONTROLLE PROJECT The law requires that the death certificate be executed within Thours after death. Page 6 may be retained by the hospital or attending physician.	THE LINE AND THE CELEBRATE AND THE RELIGIOUS BY THE ATTENDING Physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	in 72 hours with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	T. Il tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE M	TO THE FIL	be filed w	MPORTA

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
RIVKIN Frances Scott Key Medicul Center

1. DECEDENT'S NAME /Elms 681ddfm 6		May Do	elle			2. DATE MONTH		YEAR 973	3. TIME OF D			
4. SOCIAL SECURITY NUMBER 217-18-3268	5. SEX 1 M 2 X F	8. AGE (In yrs. les	st birthday) IF UNE YRS. MONTH	DER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (OF BIRTH Day, Year)	3	8. BIRTH Count	IPLACE (State of	r Foreig	
ea. FACILITY NAME (If not Institution, give Francis Scott		ıl Cent			etimore	DEATH	9c. COUNTY OF DEATH				300.0	
10a. STATE 10b. COUNT Maryland	n Baltimore		10c. CITY, TOWN	10c. CITY, TOWN OR LOCATION Dund				lalk				
100. STREET AND NUMBER	Daint Da			101	. ZIP CODE	2	10g. CITIZEN OF WHAT C			77		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS D If yes,			AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea o yes, specify Cuban, Maxican, Puerto Rican, etc.) YES 2/X/NO Specify:					ed Star E - American k, White, stc.	ndian,	
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refined.)					KIND OF BUS	SINESS/IND	DUSTRY	WIDO		
8th Grade		aker		Ow					- 1			
17. FATHER'S NAME (First, Middle, Last)	i da e					MOTHER'S NAME (First, Middle, Maiden Sumame) Emma Saphrina Keene)		
Harry W. Clari	.age	19	b. MAILIND ADDRI	FSS (Street a			-					
Florence F. Pe	ddicord				Avenue					2121	9	
21. SIGNATURE OF TUNERAL SERVICE L	ICENSEE	1000		22. NAME AP	ND ADDRESS OF I	FACILITY						
23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	complications that	csused the de	eath. Do not en	22. NAME AP Duda⇔ 7922 ter the mo	ND ADDRESS OF I RUCK FUI Wise Au ode of dylng, su	FACILITY NETAL <u>e. Di</u> uch se cord	Home undalk liac or respi	Of DI MD	ında 21	lk, In	clmsts	
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494Eastern.

e fuel

YEAR

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign Country)

Germany

8:30A

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Dey, Year) 3-24-1906

10,1993

Dec.

IF UNDER 24 HRS.

4. SOCIAL SECURITY NUMBER

196-01-9330

Eitel Frederick Duda

5. SEX

1 M 2 - F

IF UNDER 1 YEAR

DAYS

6. AGE (In yrs. last birthday)

87

BALTIMORE, MARYLAND 21215-0020

pno

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

should	_	9a. FACILITY NAME (If not institution, give street and number)				9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY O				OF OEAT			
2, 3 \$	e e	Eastpoint	N.H.	•			East	point			Balt	imo	re
	DIRECTOR	RESIDENCE OF DEC	EDENT										
Page	E	Md.		imore			Y, TOWN OR LO					10-	d. INSIDE CITY LIMITS?
Ë		10e. STREET AND NUMBER	Dali	THOLE		D	undall						YES 2 ND
T per	BAL			A				10f. ZIP CODE				T COUNTRY?	
an. transi	FUNER	6741 Bess	emer					21222				U.S.A.	
g physician. e burlal-transit permit. Pages	ву ги	11. MARITAL STATUS 1 Never Married 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		12. WAS DECEDENT E FDRCES? 1 IF YES, GIVE WAR	YES 2	NO	If yes	DECENDENT OF HISF specify Cuban, Mexi (ES 2 ND Spe	ican, Puerto Ri	(Specify Y cen, atc.)	tee or No— 14.	Black, W Specify:	
the hospital or attending detached for use as the once.	ED B												White
or aft		(Specify only	DENT'S EDUC highest grade	completed)	16a	(Give kind of a life. Do NOT us	USUAL OCCUP	ATION most of working	16b, I	CIND OF B	USINESS/INDUS	TRY	
of for	12	Elementary/Secondary (0-	12)	College (1-4 or 5+)									
the hospital detached fo	COMPLET	8 t h	ride Leet			Carp	enter				-Steel		
		Frederick		ıda				18. MOTHER'S	name <i>(First, Mi</i> lerika		on Surname)		
5 should be notified at	띪	19a. INFORMANT'S NAME (To		ida									
5 should notified	임						et and Number or Run					nd 21222	
y be							_						
e 6 ma rector, p must		29 METHOD OF DISPOSITION 1 Method 2 Cremation	1 3 🗆 Remo	oval from State	cemetery	, crematory or o	OF DISPOSITION ther place)	(Name of	DATE		OCATION — City		
affer death. Page 6 may be refained by by the funeral director, page 5 should be moval. Ical examiner must be notified at		4 Donation 5 Other (PARKET		0ak		AND ADDRESS OF		B	altimo	re,	Md.
death. Pag e funeral dir ii. examiner		10)	7	0	0				1 н	ome of	Du	ndalk
he fur		Colt Connelly Connelly Funeral Home of Dund 7110 Sollers Pt. Rd. Dundalk,											
nours after death. Page 6 may be d in by the funeral director, page or removal. medical examiner must be is		23. PART i. Enter the dis shock, or he	seases, or c	omplications that ca	used tha	plenth. Do r	ot anter the	mode of dying, su	uch se cardie	oc or rea	piratory srreat	,	Approximate
D D E		IMMEDIATE CAUSE (Final											interval Between Onset and Death
within 24 opletely fill cremation,		disease or condition resulting in death)	•	CARI	10 8	MIL	ONA	Ry A	MAGG	1			
completely ial, cremati event, t		resulting in death)		DUE TO (DR	AS A COR	SEQUENCE O	F):	,	11/1/10/14				
and come o burial, matic ev	z	la sees see		DEMY	DRA	TION							
8 0 5	CATION	Sequentially list conditions, If any, leading to immediate b. DEMYDRATION DUE TO (OR AS A CONSEQUENCE OF):											
physician pe prior	3	cause. Enter UNDERLYIN CAUSE (Disease or Injur	IG	MALN DUE TO (OR	UTI	21710	N						
n certification phy Hygiene por other	RTIF	that initiated events		DUE TO (OR	AS A CON	SEQUENCE OF	F):	- 0					
tendir al Hy	E	resulting in death) LAST CANCER OF BLADDER]		
ne death certinicate be the attending physician Mental Hygiene prior to high, or other traun	CE	PART II. Other significen	nt condition	Contribution to de	th but o	of reculting	in the underly	vian anno aluma i	in Part I			1	
aw requires that the dea been signed by the att pt. of Health and Menta 3 shows any Injury,	DICAL	HEMA				or resulting	in the diluerty	my cause given i	m Part I.		N AUTOPSY DRMED?	AWA	RE AUTOPSY FINDINGS ILABLE PRIOR TO
	EDI	FIETOM	COP	C14.)						1 TYES	2 NO		MPLETION OF CAUSE DEATH?
law requires as been sign Dept. of Heal 23 shows	Σ			.								1 [YES 2 ND
law law bept. 23 s	A N												
or Item	SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER/	PLACE DF OEATH (Check only one)				
certificate has been the State Dept. c	HYS	1 YES 2 MO		1 Inpatient 2 ER	-		4 Marsing H	ome 5 Residence					
this c	<u>-</u>	1 Natural 5 P	endina	28a. OATE OF INJ (Month, Day,)		28b. TIM INJ	URY	INJURY AT WORK?	26d. DESC	RIBE HOW	INJURY OCCUR	ED	
Wher where	ВУ	2 Accident In	vestigation	22. 27. 405.05.11				YES 2 ND					
OR: /			could not be etermined	28a, PLACE OF IN building, atc.	(Specify)	t home, ferm, s	treet, factory, o	Hica	281. LOCAT	TON (Street Town, State	t and Number or F e)	Rural Route	Number,
MUSPIAL OH ATTENDING PH FUNERAL DIRECTOR: After thi within 72 hours after death wi TANT: If Item 28 Is marke	COMPLET							<u> </u>					
A P D D	릴			CIAN: To the best of my									
NER THIN 7	ő	2 MEOIC	AL EXAMINE	R: On the besia of axami	nation and	/or investigatio	n, in my opinior	, death occured at ti	he tima, deta a	nd place, i	and due to the ca	euse(a) an	d manner as stated.
	ш	296. SIGNATURE AND TITLE	OF CERTIFIER					29c. LICENSE N	UMBER		29d. DATE SI	GNED (Mo	nth, Day, Ybar)
be filed	B	Signe	lica	MI)				02-	7188		► 12	117	1197
7	2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,	Print)		1130			,,,	21/_/
1		SAVINI) AR	k.	DULKA .	2 1	1ARK	ET YL	ACE	DUN	IAG	K MD	21	222
10		31. DATE FILED (Month, Day, Y		32. HEGISTRAR'S	SIGNATUR	E			9 1	7116			
1		DEC 13	1993	Juli Dan	dent	fuere							
				-		-							DHMH-16 Rav 1/1

504 SE SA

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YEAR

93

3. TIME OF DEATH

1649

2. DATE OF DEATH DAY

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

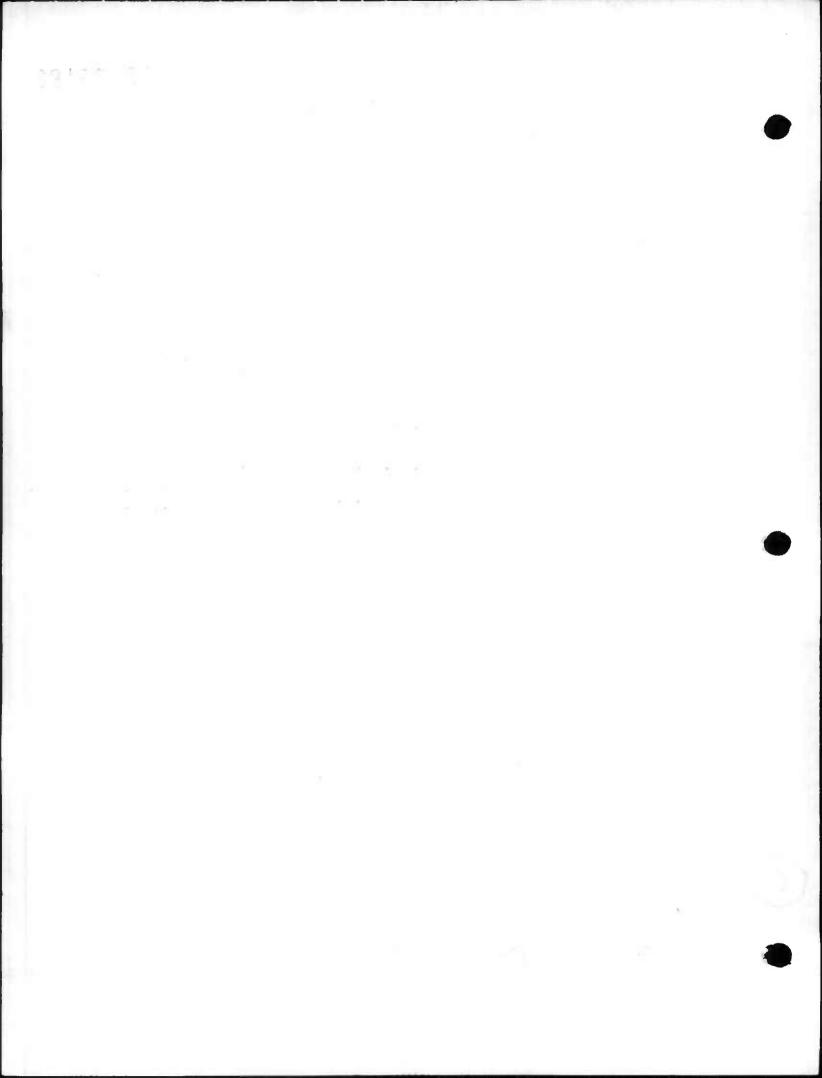
James Dotson

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	4. SOCIAL SECURITY NUMBER 214-66-8351	5. SEX 6.	AGE (in yrs. lest		IF UNDER 1 YEAR		24 HRS. 7	Month, Day, 150	W) = C		(State or Foreign
	90. FACILITY NAME (If not institution, give	street and number)	37		9b. CITY, TOW	N OR LOCATIO	ON OF DEAT			Mary	land
CTOR	Dorchester Ge	eneral Ho	spita	1	2,4		I IT ASSESSED		1.00	mbrid	ge
DIRE	10e. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LO						NSIDE CITY IMITS? YES 2 1 NO
FUNERAL	4331 Cabin (Creek Roa	ıd .			10f. ZIP CODE			10g. CITI	U.S.	
BY FUR	11. MARITAL STATUS 1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 3W		If yes,	DECENDENT Of specify Cuba	n, Mexican, F	C ORIGIN? (Specify Yes or No—Puerto Rican, etc.) 14. RACE — Amm Black, White, Specify: B.			
once. COMPLETED	15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	(GA	te kind of wo	notired)	most of working	rion rost of working endant U.S.Air				
20 m	17. FATHER'S NAME (First, Middle, Last) Ernest Johns	son				I	da Do	(First, Middle, Me			
2	Brenda John:		196. P	.O.B	OX 8	et and Number 33 Sea	or Bural Roun aford	Number, City or De	Jown, State, Zip I aware	20001997	3
M 110 10 10 10 10 10 10 10 10 10 10 10 10	20a METHOD OF DISPOSITION 1 Date of the control of		206. PLACE A cemetery, cren Wash	ND DATE OF	M. (Church		n. H	urlock		nte
a a communication of the commu	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY E.L. Phillips F/HBalto., MD. 21217										
AN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cardiac or respiratory errest, abock, or heart felture. List only one cause on each line. Approximately the province of the cause of the ca										Intarval Between Onset and Death
AN: MEDICAL C	PART II. Other algorificant condition DISCEMINATE GASTINO INTES INCUMOCUSTI 25. WAS CASE REFERRED TO MEDICAL	TWAL I	ES ZU	ISTEK VG				1 TYE	S AN AUTOPSY IFORMED?	AWAILA COMPL OF DE	AUTOPSY FINDINGS BLE PRIOR TO LETION OF CAUSE ATH? /ES 2 \(\) NO
YSICIAN:	EXAMINER?	HOSPITAL:	VOutpetient 3 [THER:	PLACE OF DE		Other (Specify)			
ву РНҮ	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,		28b. TIME (W .	INJURY AT WORK?		28d. DESCRIBE HOW INJURY OCCURED			
8	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	iJURY — At horr (Specify)	na, farm, str	eet, factory, of	ffice	28	II. LOCATION (Str City or Yown, S	eet end Number (tate)	or Rural Route Nu	imber,
MP.	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE	ICIAN: To the best of my	knowledge, dea Instion and/or in	th occurred	at the fime, d	ata end place, n, death occur	end due to i	the cause(s) and e, data end place	manner as state	d. cause(e) end m	anner ee stated.
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIFIES ANTONIO 30. NAME AND ADDRESS OF PERSON WH	ZARRAGA	m			29c. LICE	NSE NUMBE	34	29d. DATE	SIGNED (Month,	Day, Year)
	200 Kings Hwy. Su 31. Date Fileo (Month, Day, 16ar)		lford,								
	DEC 13 1993	Julio Sa	SIGNATURE	del							

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AT
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	F HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate he ensured within
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6. AGE (In yrs. lest birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month. Day, Year) 215 60 4353 1X M 2 - F DAYS HOURS MARCH 30 1952 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF GEATH GOOD SAMARITAN DIRECTOR BALTIMORY 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION PARKING MARYLAND BALLIMORS FUNERAL 10a. STREET AND NUMBER 10g CITIZEN OF WHAT COUNTRYS for use as the burial-transit 3753 OLO HARFORD KOAD 418216 er death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 250 NO 11. MARITAL STATUS 1 Never Married 2 Married BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced COMPLETED 16a. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION (Specify only highest grade complet 16b. KIND OF BUSINESS/INDUSTRO Elementary/Secondary (0-12) College (1-4 or 5 +) detached 12YRS. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Korco SSPOSITO page 5 should be notified at ROSE MARIE PERRERA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) RUCROS FAMILY SACE 2A Pe 20a. METHOD OF DISPOSITION
1≸ Burlet 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE and completely filled in by the funeral director, bunial, cremation, or removal. Censury 8-BALIO. 4 Donation 6 Other (Specify) the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AODRESS OF FACILITY SLAW CHAPIT OF 8800 HARFORD ROAD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory streat, shock, or heart failure. List only drie ceuse on each line. IMMEDIATE CAUSE (Final disesse or condition Cardiae Amy Pmia injury, or other traumatic event, resulting in death) DUE TO (OR AS A CONSEQUENCE OF notable Sepsis CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING by the attending physician and Mental Hygiene prior tr CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY Diabeles melutin, Hypertenson shows any Health a 1 YES 2 NO Reval Presse PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h Hem HOSPITAL OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) the of 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with 1 1 Matural 5 Pending 1 YES 2 NO BY After 1 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, stc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: A hours after d 28 18 6 Could not be COMPLETED 4 Homicide Hem 29a. CERTIFIER

(Chack and)

(CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL OF TO THE FUNERAL D DE filed within 72 ho 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE XX Dronner PHYSICIAN 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

JR

36194 93

3. TIME OF DEATH

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

MARYLAND

Approximata interval Between

Onset and Death

hour

2 weeks

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE

1 YES 2 NO

OF DEATH?

12/7

GOOD SAMAKITAN HUSPITAL

5601 WILL RAVEN SUIP

BAG, MD 21239

1 YES 2 1 NO

8. BIRTHPLACE (State or Foreign

7:50

993

MARYL

U.S.A

THU

REG. NO

2. DATE OF DEATH

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 8 may be retained by the intending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 36195

	REGISTRAR		CERTIF	ICALE	OF DEA	IH	RI	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	DAY	YEAR	TIME OF DEATH	
	HERMAN	R.			WARDS		1.2	04 199		6:49P M	
	4. SOCIAL SECURITY NUMBER 246-24-6949	5. SEX 6	. AGE (In yrs. last birthday) 67 YRS.	MONTHS 0	EAR IF UNDE	R 24 HRS.	7. DATE OF B (Month, Day 6-18	, Year)	8. BIRTHPLA Country)	NCE (State or Foreign	
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCAT	ION OF DE			UNTY OF DEAT		
DIRECTOR	1300 E. LANVA	LE ST. AF	T #616	BAL	TIMOR	E CI	TY.		N/A		
E C	10a. STATE 10b. COUN			Y, TOWN OR	OCATION				10	d. INSIDE CITY	
	MD NUMBER	I/A		BALTI						LIMITS?	
FUNERAL	1300 E. LANVALE	STREET AF	T. 610		101. ZIP COD 21	202		10g. CI	U.S.A		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 [IF YES, GIVE WAR	YES 2 NO	2 NO If yes, specify Cuben, Mexican, Puerto Rican							
ED	15. DECEDENT'S ED (Specify only highest grad		16a. DECEDENT'S	USUAL OCCI	IPATION	lan	16b. KINI	D OF BUSINESS/IN		CK	
H	Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u	se retired.)	ng most of work	ing					
APL	9th		DISAB	LED				N/A			
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				18. MOT	NER'S NA	ME (First, Middle	, Meiden Sumame)			
BE 0	SAMUEL EDWARDS					UNKN	OWN				
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	ADDRESS (S	_			ity or Town, Stete, Z	(lo Code)		
2	LUCY M. WILLIAMS	3	1300	E. LAN	VALE S	TREE	T APT.	616/BAL	TIMORE	, MD 2120	
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rec	moval from State	20b. PLACE AND DATE cemetery, crematory or o	other place)			DATE	20c. LOCATION -		State	
- 3	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	MENGEE	VOSHELL		AL GAR			DUNDALK	MD		
	> War C		<4					l E. NOR	TH AVE	NUE	
z	disesse or condition resulting in death)	8	OSCLETOT		Idiov	ascu	TTAL D	rsease			
ATIO	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING		R AS A CONSEQUENCE C	PF):					PLA		
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE C	PF):					-151		
	DART II Other electificant condition									1	
EDICAL	PART II. Other significant condition	ons contributing to de	eath but not resulting	in the unde	rlying csuse	given in		PERFORMED? YES 2 NO	AM CO	ERE AUTOPSY FINDINGS AILABLE PRIOR TO EMPLETION OF CAUSE DEATH?	
2								NQUIRY		YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1			26. PLACE OF I	DEATH (C)	each anti-anni				
	EXAMINER?	HOSPITAL:		OTHER:					7 - 13		
₹	27. MANNER OF DEATN	28e. DATE OF IN	JURY 28b. TII	-	c. INJURY AT	lesidence	6 Other (Sp	E HOW INJURY OF		PT	
BY Ph	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year) IN	JURY	WORK?	□ NO	280. DESCRIE	SE HOW INJURY OF	COMED		
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF building, et	NJURY At home, ferm, c. (Specify)	street, factory	, office		281. LOCATION City or Tox	N (Street and Number wn, State)	er or Rural Route	e Number,	
COMPLETED	(Orlock Orly)		y knowledge, death occur mination end/or investigati							nd manner ee stated.	
	296 AMONATURE AND TITLE OF CERTIF	ÉR C	N		29c. LIC	ENSE NU	MBER	29d. DA	TE SIGNED (M	onth, Day, Year)	
B	(1 const	orke M			0	.C.M	LE.		12/10		
2	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE	OF DEATH (ITEM 27) (Typ)	e, Print)	1 0				12/10	, 2000	
	J. Laron Locke		11 Penn	11	t, Ba	ltin	nore,	Maryla	nd 2	1201	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE						1		
	DEC 1 3 199	3 gulie	Tevidson Bull	00							

DHMN-16 Rev 1/89

Kendall R. Faulkner

		Doris M. Franki							12		3	93
		4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		MDER 24 HRS.	7. DATE	OF BIRTH		8. BIRT
2		218286028	1 🗆 M 2 💢 F	60	YRS.	MONTHS	DAYS HO	MIN.		28 33		N
3 should	·	ea. FACILITY NAME (If not institution, give				9b. CITY,	TOWN OR LO			A	Balt	
2,	18	2109 Triand	JOS UR				•	IIN	MINION	41	Dait	-1111
Pages	DIRECTOR	10e. STATE 10b. COUN	TY		10c, CI	Y, TOWN O	R LOCATION	E- S	Piero	1		
permit. F		10e, STREET AND NUMBER					1 444 515		Terc	. e		
	IRA I		n VIlla	5 CT			101. ZIP	498	2		10g. CITI	LIC
020 physician. burial-transit	FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR	VER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC						s or No—	14. RA
21215-0020 al or attending physician. for use as the burial-train	34	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? IF YES, GIVE	WAR OR DATES	DATES 1 YES 2 NO Specify:					Puerto Rican, atc.)		
r atter	ETED	15. DECEDENT'S EC (Specify only highest gra	DUCATION de completed)	(G	ive kind of	work done o	CCUPATION during most of	working	16b	KIND OF BL	/SINESS/IND	USTRY
CA 24 55	1 7	Elementary/Secondary (0-12)	College (1-4 or 5	(+)			ICIA		Cosmetic			
YLAND by the hospital be detached to	COMPL	17. FATHER'S NAME (First, Middle, Last)				CZ-111			AME (First, I	Middle Melder	Sumame)	
YL de de de de de de de de de de de de de	ш	PAULE, LIPPY HA							ZEL	RI	char	ds
E, MA y be retain age 5 sho be notifi	10 E	19s. INFORMANT'S NAME (AppelPrint) 19b. MAILINO ADDRESS (Street and Number or Rural Route								ber, City or Tox	wn, State, Zip	Code)
		FAMILY KECOT	(05	100 01405		05 810800	ITION (Name of		1	- 100-14	OCATION (010
		1 Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from Btate	cometery, cre	metopy or o		0		12/ ₁₃	190 3	altin	
ALTIMOF Jeath, Page 6 m funeral director,		22. NAME AND ADDRESS OF FACE EVANS Chape										101
ALTIN death. Pag tuneral di 1.		1 xolort le	Dug	couest		E		brk R		moni		Nd.
B. B. B. B. B. Cours after of in by the or removal.		23. PART I. Enter the diseases, o	r complications th	at caused the de	ath. Do							eat,
- PO PO E		ahock, or heart fallum IMMEDIATE CAUSE (Final				40.1 C	-1 ·					
- A -		disease or condition resulting in death)	8	trophic 1			cteros	515			1.70	
N 2 2 3 8			DUE TO	O (OR AS A CONSE	DUENCE C	MF):						
OX 68' be execute sician and crior to buris traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate	b	O (OR AS A CONSE	BUENCE C	F):	_					
m % % ~ _	S	CAUSE (Disease or Injury										
Certific O. Sing p. Si	E E	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										
O. # # # =			d									_
0 4 4 2		PART II. Other algnificant conditi	one contributing to	o death but not i	eaulting	In the un	derlying ca	use given i	n Part I.	24a. WAS AI PERFO	NAUTOPSY	24
RECORI requires that the een signed by of Health and	EDI					-	_			1 TYES	2X NO	
SICIAN: The law in certificate has be in the State Dept.		25. WAS CASE REFERRED TO MEDICAL EXAMINERS	HOSPITAL					OF DEATH (C	heck only or	10)		
VITA CIAN: The prtificate ha		1 TES 2 NO	1	☐ ER/Outpatient 3			sing Home 5				Hospi	-
O \(\frac{1}{2} \) \(\frac{1}{2} \)	PH	27. MANNER OF SEATH 1 Natural 5 Pending	28e. DATE O (Month,	Day, Year)	28b. TIR	JURY M	28c. INJURY WORK?		28d. DES	SCRIBE HOW	INJURY OCC	URED
ONING PAtter		2 Accident Investigation	28a. PLACE	OF INJURY — At he	me, ferm,	street, fact		2 NO	28f. LOC	ATION (Street	and Number	or Rura
TTEND TTEND TTOR: A after d	III III	3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)										
DIVISION L OR ATTENDING R L DIRECTOR: After hours after death them 28 is man	J.E	29a. CERTIFIER (Check only) (Ch										
¥ 35 =	3	anal .	NER: On the besis of									
TO THE HOSPI TO THE FUNER Se filed within	EC	296. SIGNATURE AND TITLE OF CERTIF	IER C	Λ <i>I</i>				LICENSE N	JMBER		29d. DATE	E SIGNI
5 5 3 M	O B	Mondale	Lau	lleno	m	0	D2	25643			19	/11
		30, NAME AND ADDRESS OF PERSON V	YHO COMPLETED CAL	USE OF DEATH (ITE	M 27) /Tvn	Print1						

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

n, State, Zip Code) CATION - City or Town, State City, Md altimore um, Md. 21093 iratory arrest, Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Hospice and Number or Rural Route Number, 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 192 110 M.D./Stella Maris Hospice 2300 Dulaney Valley Rd, Towson, MD DHMH-18 Rev 1/89

36196

3. TIME OF DEATH

10d. INSIDE CITY 1 YES 2 NO

14. RACE — American Indian, Black, White, etc.

BIRTHPLACE (State or Foreign Country)

93

YEAR 93

MD 9c. COUNTY OF DEATH Baltimore

10g. CITIZEN OF WHAT COUNTRY? USA

> Specify: WHITE

2. DATE OF DEATH

DIRECTOR	1. DECEDENT'S NAME (First, Middle, Lest)				HOWELL			2. DATE OF DEATH MONTH DAY 1.0		YEAR 93	8:20	
	DANNY 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.)	lest birthday)			HMS. 7. D/	12 10 7. DATE OF BIRTH			PLACE (State or F	
	213-60-5248	1}(☐ M 2 ☐ F	41	YRS.	MONTHS DAY		m. 7	-8-52	73	Country	sylvani	
	9a. FACILITY NAME (If not institution	n, give street and number)			9b. CITY, TOW	N OR LOCATION	OF DEATH	9c. COUNTY OF DEATH		ATH		
	PROVIDENCE I	ROAD & LOC	K RAVE	N DR	TOWS	ON			BALTIMORE CO			
	10a. STATE 10b.	ltimore		10c. CI	10c. CITY, TOWN OR LOCATION						10d. INSIDE CIT LIMITS? 1 YES 2	
FUNERAL	10a. STREET AND NUMBER 1 Glamis Garth				101. ZIP CODE 21236			10g. CITIZEN OF WHAT C				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced				13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuban, Mexican, Puerto F 1 VES XX NO Specify:				es or No-	14. RACE Black, WNS	- American Ind Whita, etc.	
ED					CEDENT'S USUAL OCCUPATION ive kind of work done during most of working				166. KIND OF BUSINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (8-12)	College (1-4 or 4	5+)	Me. Do NOT u	retired.) Fitter			Plumbing		123		
TO BE COM	17. FATHER'S NAME (First, Middle, L William		well		16. MOTHER'S NAME (F			First, Middle, Maiden Sumame)		Ke	Kerns	
	190. INFORMANT'S NAME (Typo/Pri				b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State Tame as #10a - #10f							
	23. PART I. Enter the disease ahock, or heart for	ea, or complications to	I hat caused tha cause on each iii	desth. Do	1050	York R	Fune:	owson,	Maryl	and :	Approxin	
CERTIFICATION	23. PART I. Enter tife disease ahock, or heart fill immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a,	hat caused the cause on each life to construct the cause on each life to construct the cause on each life to construct the cause of construct the cause of c	BEQUENCE C	1050 not enter the	York R	d., T	owson,	Maryl	and :	21204 Approximintarval E Onset an	
MEDICAL CERTIF	ahock, or heart fit immediate cause. Enter UNDERLYING CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a,	TO (OR AS A CONS	SEQUENCE O	1050 not enter the	York R mode of dying	d., To	OWSON,	Mary1 Diratory and the state of the state o	rest,	Approxin	
MEDICAL CERTIF	ahock, or heart fill immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the cause cause.	a. DUE 1 b. DUE 1 c. DUE 1 d. HOSPITAL:	TO (OR AS A CONS	SEQUENCE C	1050 not enter the	YOR'N R mode of dying ying cause giv	d , T., such as o	DATE OF THE PERFO	Mary1 N AUTOPSY RMED? 2 □ NO	and ;	Approxin Interval E Onset an WERE AUTOPSY I MAILABLE PRIOR OFFICIAL OFFI OFFI OFFI OFFI OFFI OFFI OFFI OFFI	
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PHYSICIAN: MEDICAL CERTIF	ahock, or heart fill immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are sufficient conditions.	b. DUE 1 c. DUE 1 d. HOSPITAL: 1 Inpatial: 28a. DATE 2 gation 1 2 - 1	TO (OR AS A CONS TO (OR	SEQUENCE CONTROL OF THE PROPERTY OF THE PROPER	1050 not enter the DF): DF): in the underly OTHER: 4 OTHER: 4 OTHER: 11	YOR'N R mode of dying ying cause giv place of Dear tome 5 □ Read injury at work? □ YES 2 ≥ 1	en in Part i	DESCRIBE HOW	NAUTOPSY RMED? 2 NO AT SO	24b.	Approximintarval E Onset an On	
ED BY PHYSICIAN: MEDICAL CERTIF	ahock, or heart fill iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MED EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendin	b. DUE 1 c. DUE 1 d. HOSPITAL: 1 Inpetion 128. DATE 28. DA	TO (OR AS A CONS TO (OR	SEQUENCE CONTROL OF THE PROPERTY OF THE PROPER	DF): OF): OF): OTHER: 4 OTHER: 4 OTHER: 4 OTHER: 5 Aursing I	YOR'N R mode of dying ying cause giv place of Dear tome 5 □ Read injury at work? □ YES 2 ≥ 1	en in Part i	Describe How	NAUTOPSY RIMED? 2 NO AT SC INJURY OCI DE AU AND AND AND AND AND AND AND AND AND AND	24b.	Approximintarval E Onset an On	
BY PHYSICIAN: MEDICAL CERTIF	ahock, or heart fill immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant context in the context in the cause of the cause o	b. DUE 1 c. DUE 1 d. HOSPITAL: 1 Inpetion 128. DATE 28. DA	TO (OR AS A CONS TO (OR	SEQUENCE COSEDUENCE CO	1050 not enter the DF): DF): OF): OTHER: 4 Nursing II UNE OF 28c. UNE OF 1 street, factory, coordinate the time, or	YOR'S R mode of dying ying cause giv PLACE OF DEA' tome 5 Resid tomy JURY AT WORK? YES 2 1	en in Part in	DESCRIBE HOW LOCATION (Street COV ID E.I. Cause(e) and ma	NALTOPSY AND ALTOPSY PAMED? 2 NO AT SC INJURY OC OF A Unand Number 30 an	24b. 24b. CENE CURED JTO/J or Pural Pic RD . &	WERE AUTO MAILABLE COMPLETIC OF DEATHY 1 YES	

DHMH-18 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CALE OF	DEATH	REG. N	10.			
BE COMPLETED BY FUNERAL DIRECTOR	1. DECEMENT'S NAME (First, Middle, Last)		HORTON			2. DATE OF DEATH	3. TIME OF DEA			
	4. TOTAL SECURITY NUMBER 251-24-1950	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year, 12-05	-14	S. Caroli		
	Church Home F	lospital			on Location of D		9c. COUNT	Y OF DEATH		
	10a. STATE 10b. COUNTY		10c. CITY,	томи оп гос	TION Itimore	City		10d. INSIDE CIT LIMITS? 1 YES 2		
	10. STREET AND NUMBER 111 N. Chapel	Street			Of. ZIP CODE 21231		10g. CITIZE	EN OF WHAT COUNTRY?		
	11. MARITAL STATUS 1 Never Merried 2 Merried 2. Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES GIVE WAR OR D	2 NO	If yes, a	CENDENT OF HISPA	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yes or No.— 1	4. RACE — American Ind Black, White, etc. Specify: Black		
	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S U (Give kind of wo life. Do NOT use Cher.	SUAL OCCUPATION done during material.)	ION lost of working	18b. KIND OF	BUSINESS/INDU			
	17. FATHER'S NAME (First, Middle, Last) George Horton		18. MOTHER'S NAME (First, Middle, Maiden Surname) Katie White							
	19a. INFORMANT'S NAME (Type/Print) Kay Horton				and Number or Rural	Route Number, City or eet Bal				
	20e. METHOD OF DISPOSITION 1		. PLACE AND DATE OF	DISPOSITION	iame of		LOCATION — CI	ly or Town, State		
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	P #281	22. NAME A	AND ADDRESS OF F	17	21-27	N.Monroe ID. 21217		
	IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF): Amaly Cause (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions	contributing to death b	ut not resulting in	the underlying	ng cause given in	PERI	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2		
		HOSPITAL:		OTHER:	LACE OF DEATH (C	110000000000000000000000000000000000000				
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME	DOA 4 Nursing Home 5 Residence b. TIME OF 1NJURY M 1 YES 2 NO		28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide 6 Could not be determined	— At home, farm, str	e, farm, street, factory, office 28f. LOCAT City or			XTION (Street and Number or Rural Route Number, or Town, State)				
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.									
2	296. SIGNATURE AND TITLE OF CERTIFIER	MO	29c. LICENSE NU			29d, DATE SIGNED (Month, Day, Year) 12 - 8 - 73				
임	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MR Hanton Villiam									
Ì	DEC 13 1993	32 REGISTRAR'S SIGN	ATURE	<u>-</u>	-			<u>.</u>		

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIRECTOR: F. hours after of item 28 is

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etained	director, page 5 should be detached for use as the burial-transit parmit Page		s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
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6 ma	ector, p		Must
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AN. II	ficate	State	. Hen
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NO PIL	ter this	death with the State Dept. of Health and Mental Hygiene price	патке
5	At	de	8

36199 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE 1 REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 5 50 MN HENLY 12 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 9 F 213-74-1591 1 M 2 WF MONTHS DAYS HOURS MIN -13-U. S. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR TRINITY CERIATRIC CENTRE BALTIMORE BALTIMORE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? WD BALTIM WOODSTOCK 1 YES 2 NO FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 10908 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Guban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: Summi 4. S. A AVE. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Specify WHITE COMPLETED 15. DECEDENT'S EDUCATION 18a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ost of working Elementary/Secondary (0-12) College (1-4 or 5+) 10 Homemaker Domestic 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) HER BERT OURSLER CHARDSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 2 10908 Summit Avenue Woodstock, MD 21163 Mr.s Alma Antkowiak 20a. METHOD OF DISPOSITION

1X Burlal 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Donation 5 Other (Specify) 12/13/93 Mt. View Cemetery Marriottsville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY R HAIGHT FUNERAL HOME (P.O. Box 195) Brian Sykesville, MD 21784 (410)-795-1400 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory street, Approximats ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disesse or condition reaulting in death) failhre DUE TO (DR AS A CONSEQUENCE OF): Arterioscherosis Vascular disasse CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate Dehydretten cause. Enter UNDERLYING CAUSE (Disesse or Injury that initieted events raniopharyngest dysphasis, resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and pieca, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CENTURER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print) 12/10/93. 030115 2

Ohlokpehallmo 2600 Liberty

34. REGISTRAR'S SIGNATURE which Bendem Randalle Balt, mo2/2/5

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BALTIMORE, MARYLAND 21215-0020

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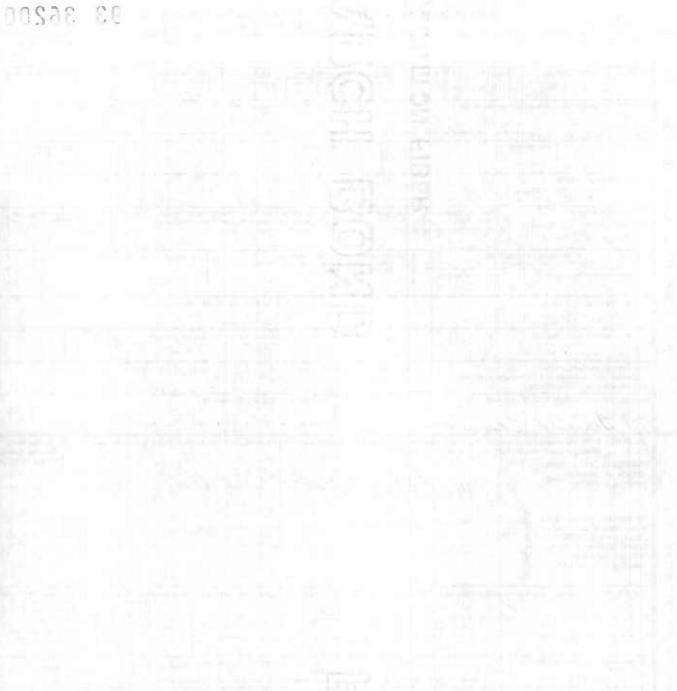
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an above a large forms by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

36200 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI			MENTAL HYGIEI	NE 93	36200					
1. DECEDENT'S NAME (First, Middle, Le	st) F\/ERFTT	n	-NSCN			DAY YE	3. TIME OF DEATH					
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.1	BIRTHPLACE (State or Foreign Country)					
217-76-6805		C) YRS.	ONTHS DAYS	HOURS MIN.	10–18–68	1	MARYLAND					
9a. FACILITY NAME (If not institution, git		9	BALITIMO	R LOCATION OF D	EATH	9c. COUNTY						
10a, STATE 10b, COU	nty n/a	10c. CITY,	TOWN OR LOCAT BALTIMO				10d. INSIDE CITY LIMITS? 1 YES 2 NO					
100. STREET AND NUMBER 1843 E. 30th STRI	ET	177	101	ZIP CODE 21218		10g. CITIZEN UNITE	OF WHAT COUNTRY?					
11. MARITAL STATUS 1 💢 Nover Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp		NIC ORIGIN? (Specify Wan, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. SpecifyBLACK					
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo		16b. KIND OF BI	USINESS/INDUST	RY					
	2 YEARS	UNEMPLOYE	ED		n/a							
17. FATHER'S NAME (First, Middle, Lest) LESSER JOHNSON						n Surname)						
190. INFORMANT'S NAME (Type/Print) DRUSILLA E. JOHNSO	ON	195. MAILING AT 1843 E.	ODRESS (Street a	RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 30 TH STREET, BALTIMORE, MARYLAND 21218								
20a. METHOD OF DISPOSITION 1 💢 Burial 2 🗆 Cremation 3 🗆 R 4 🗆 Donation 6 🗀 Other (Specify)				TEOF DISPOSITION (Name of Parties								
21. SIGNATURE OF FUNERAL SERVICE		O E I I I I I I	22. NAME AN	D ADDRESS OF FA			MARYLAND					
disease or condition resulting in death) a. MULTIPUE GUNSHOT WOWN'DS DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other algnificent conditions	g ceuse given in		PRMED?	24b. WERE AUTOPSY FINDING: AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 ☆ YES 2 □ NO	HOSPITAL:		THER:	ACE OF DEATH (C								
27. MANNER OF DEATH	28a. DATE OF INJURY	26b, TIME (OF 28c. INJ	URY AT	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCUR	ED					
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year) on 12 OS 1993	1830	M 1 1	RK? 'ES 2 _ NO	Subject sh	7						
3 Suicide a Could not	3 Suicide a Could not be 28a, PLACE OF INJURY — At h				281. LOCATION (Street City or Town, State							
anal .	YSICIAN: To the best of my know	wledge, death occurred			to the cause(s) and m	anner as stated.						
296. SIGNATURE AND TITLE OF CENTI	Joll.	Atul		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)					
30. NAME AND ADDRESS OF PURION	OLLE JRM	21. Penn Star	eet, Bal	timore, Ma	aryland 2120)1.						
DEC 1 3 19	32. REDISTRAR'S SIGN	NATURE RONALES										



ORDS, P.O. BOX 68760,	s that the death certificate be executed within	ned by the attending physician and complete th and Mental Hygiene prior to burial, crem-	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	J. DIRECTOR: After this certificate has been signed by the attending physician and completely fit hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	

	Pages 1, 2, 3 should		
ng physician.	he burial-transit permit.		
y the hospital or attendi	be detached for use as t		at once.
age 6 may be retained b	director, page 5 should t		er must be notified
. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
tificate be executed within	physician and complete	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ther traumatic event,
quires that the death cert	n signed by the attending	I Health and Mental Hygi	tem 23 shows any injury, or of
PHYSICIAN: The law re-	this certificate has been	with the State Dept. o	rked, or item 23 sh
OR ATTENDING	DIRECTOR: After	hours after death	item 28 is ma

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First	t, Middle, Last)		C		ICATE	OF H				REG. NO		YEAR	36201		
ì	CARRIE O. JOHNSON									12		9:00 A M				
7	4. SOCIAL SECURITY NUM 219-18-96		5. SEX 1 M 2 K F	6. AGE (In yrs. la:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	24 HRS.	(Month,	DE BIRTH (Day, Year)		Countr	PLACE (State or Foreign y) qinia		
OR	94. FACILITY NAME (If not it	Fors		Avenue				R LOCATI		EATH		Sc. COUN				
DIRECTOR	RESIDENCE OF DE	10b. COUNT	Υ			ry, town o				4				10d, INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER		Park A	venue			101	ZIP COO	L207	,		10g. CITIZ	US	THAT COUNTRY?		
В	11. MARITAL STATUS 1 X Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, OIVE W	YES 2		1	If yes, sp	ENDENT Cooling Cube	n, Maxica	in, Puerto R	? (Specify Ye Idan, atc.)	a or No-	14. RACE Black Speci	- American Indien, i, White, etc. iy: BLACK		
밀	15, DEC (Specify on	EDENT'S EDU	ICATION completed)	10	live kind of	Work done	CCUPATIO	ON at of workli	na	16b.	KIND OF BU	ISINESS/INDU	USTRY	Danon		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 -	·) itte	each	ise retired.)				E	duca	tion				
BE CO	17. FATHER'S NAME (First, A William		eth Joh	nson						ina 1	liddle, Maiden B ell	Surname)		5753		
5	196. INFORMANT'S NAME (Type/Print) 196. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 21207 21207 21207 21207															
	20a. METHOD OF DISPOSITION 1 MBurlel 2 Cremetion 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of completely, cremetory or other place) Arbutus Mem. Park 12/14/93 Baltimore, MD															
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 Liberty Hights Ave. Balto. MD															
ERTIFICATION												Interval Batween Onset and Deeth				
MEDICAL C	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given by abeliance with the language of							given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINANCIABLE PRIOR 1 COMPLETION OF COP DEATH? 1 YES 2 NO 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)															
Sic	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHER		0 5 D-16	esidence	6 Other	(Specify)					
ву рну		Pending	26a. DATE OF (Month, D		28b. TIR		28c. INJ WO				28d. DE\$CRIBE HOW INJURY OCCURED					
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, etreet, factory, office building, etc. (Specify)									281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
" 1	anal		ICIAN: To the best of ER: On the basis of a) and menner as stated,		
OMP	296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIONED (Month, Day, Year)										(Month, Day, Year)					
D BE COMPLETED	29b. SIGNATURE AND TITLE	7 Ja	I have	me ~										1 - (/)		
	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CAU	SE OF DEATH VITE	M 27) (Type	e. Prine)	ita	l	of	Ba	lt8	, 3	al	to, MD		

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ours after death. Page 6 may be retained by the hospital or attending physician. SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

REGISTRAR		С	ERTIF	ICATE	OF	DEA	ГН	MENTAL	REG. NO.		3	36202	
1. DECEDENT'S NAME (First, Middle, Last) 2. DAI MON										AY _	YEAR	3. TIME OF DEATH	
MABEL 4. SOCIAL SECURITY NUMBER	Magill	6. AGE (In yra. I	KROH			I		12		9	3	3:45 a	
216-16-9633	1 - M 2 A F	71	YRS.	IF UNDER	DAYS	HOURS	MIN.	/ DATE	OF BIRTH		Count Mar	PLACE (State or Foreign y)	
9a. FACILITY NAME (If not institution, g		7 -	****	9b. CITY	TOWN (OR LOCATI	ON OF DE			9c COU	NTY OF D		
2331 Old Court					Ltim		011 01 02	-2114			timo		
RESIDENCE OF DECEDENT				Dal	LCIII	ore				Dal	C.LINO.	re	
10e. STATE 10b. CO				Y, TOWN O		ION			-			10d. INSIDE CITY LIMITS?	
	altimore		Ba.	ltimo								1 TES 2 NO	
10e. STREET AND NUMBER					100	ZIP COD						WHAT COUNTRY?	
2331 Old Court						2120					S.A.		
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		YES 2 2 WAR OR DATES		1	If yes, sp		n, Mexica	n, Puerto F	? (Specify Yes Rican, atc.)	or No	Spec	E — American Indian, k, White, atc. //y: ite	
15. DECEDENT'S (Specify only highest of	EDUCATION trade completed)	16a. D	ECEDENT'S	USUAL OC	CCUPATIO	ON working	200	16b.	KIND OF BUS	SINESS/INC	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of fe. Do NOT u	se retired.)	ourng mo	at or work	·w						
	4 yrs	Bı	roker						Real		te		
17. FATHER'S NAME (First, Middle, Last						William St.		NAME (First, Middle, Meiden Surname)					
											lackl	ourn	
19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7.2 Pixtors, Color, City, Politicans, Md. 21200													
Douglas E. Magill 72 River Oaks Cir. Baltimore, Md. 21208 200. METNOD OF DISPOSITION 201. DATE 200. LOCATION — City of Town, State													
1 St Burlei 2 Cremetion 3 Removel from State Commetery, cremetory or other place Loudon Park Cemetery 12-11 Baltimore, Mark Cemetery Cemete													
IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. List only one car	It caused the duse on each lin	10.	not enter	the mo	de of dy	ing, suci	h aa card	llec or reepl	ratory an	rest,	Approximata Interval Batwee Onset and Deat	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONS	EOUENCE O	F):									
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	EOUENCE O	F):									
PART II. Other algnificant cond	itiona contributing to	death but not	resulting	In the un	derlyln	g cause (given in	Part I.	24a. WAS AN PERFOR	MED	246	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE	
										ш.,,е		1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICA	IL				26. Pt	ACE OF D	EATH (Chi	eck only on	•)	_			
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER 4 Num		• 5 EA	sidence	6 🗆 Other	r (Specify)				
27. MANNER OF DEATN Netural 5 Pending investigat	26a. DATE OF		26b. TIN	-	28c. INJ WO				CRIBE HOW I	NJURY OC	CURED		
a Destate	28e. PLACE C	28e. PLACE OF INJURY — At home, farm, street, factory, office building, ste. (Specify) 28f. LOCATION (Street and Number City or Town, State)							or Rural Route Number,				

Netural 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, atc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicid 29a, CERTIFIER (Check only one) riedge, death occurred at the time, date and place, and dua to the cause(s) and manner as stated. 296, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 01726 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

David Ettinger Johns Hopkins Oncology Unit Baltimore, Md. 32. REGISTRAR'S SIGNATURE

DEC 1, 3 1993

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BALTIMORE, MARYLAND 21215-0020 SCOM: The law requires that the death cartificate be executed within reduce the factor of the state of	HYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL RECORI TO THE ALEMAN OF THE SCAN: The law requires that to TO THE TUNNED, CHESTICAL After this centrate has been signed by the frequent to finding after death with the State Dept. of Health and IMPORTANE. If them 28 is marked, or flem 28 shows any is	TO BE COMPLETED BY PHYSICIAN: MEDICA

Ì,	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	ICATI	E OF	DEA	I H	2. DATE OF	DEATH			36203
	Rosalie Leono	7					MONTH	DAY		YEAR			
	4. SOCIAL SECURITY NUMBER	rs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	DEC.	BIRTH	199		ACE (State or Foreign		
,	214-01-2398	1 🗆 M 2 💢 F	79	YRS.	MONTHS	DAYS	HOURS	MM.	(Month, D		- 1	Country)	vland
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	r. TOWN C	R LOCATI	ON OF DE		09 13	9c. COUNT	-	
1	Stella Maris					owso						timo	
ŀ	RESIDENCE OF DECEDENT				OWSO	11	-			рат	LIMO	Le	
1	10s. STATE 10b. COUNTY		10c. CIT	TY, TOWN C	OR LOCAT	ION					10	Dd. INSIDE CITY	
1		ltimore			To	wson						1	☐ YES 2 K NO
	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZE	EN OF WHA	AT COUNTRY?
	2300 Dulaney V						212	04			US	A	
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.	S. ARMED	13.	WAS DEC	ENDENT C	F HISPAN	NIC ORIGIN? (Specify Yes o	r No- 1	4. RACE	American Indian, Vhite, etc.
ı	3 Wildowed 4 Divorced	IF YES, GIVE V					2 📉 NO			, 0.00,	Specify:		
l	15. DECEDENT'S EDUC	CATION	1 40	a. DECEDENT'S	1	00110170			1				White
١	(Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo.		ng	16b. KI	ND OF BUSI	NESS/INDU	STRY	
١	Elementary/Secondary (0-12)	College (1-4 or 5	,	ractic					1	Medica	1		
ŀ	17. FATHER'S NAME (First, Middle, Last)						_	HER'S NA	ME (First, Mick				
l	William F. Bana							1mina					
Ì	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS	S (Street a	nd Number	or Rural F	Route Number,	City or Town,	State. Zip C	Code)		
	Edward C. Linz,	19b. MAILING ADDRESS (Street and Number or Fural Route Number, City or Town, St. 4843 NOrrisville Road, White Hal										1161	
Ì	26a. METHOD OF DISPOSITION 1 Burlal 2 Cremetion 3 Rem	-11.046-7.35	20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State									State	
	4 Donation 5 Other (Specify)	_ Ket	ry, crematory or c	mato:	rv	De	c. 6	. 1993	Cat	onsv	111e.	MD	
Ì	21. SIGNATURE OF FUNERAL SPRINGE OF			22.	NAME AN	D ADDRE	SS OF FA	CILITY					
ı	> Marky XXX			- 1				ell-Wi		-		2002	
ł		awson	t coursed th	a death De									21093
23. PART I. Entar tha diseasas, or complications that c shock, or hasrt failure. List only one ceuse				ie death, poi	not antar				h as cardled	or respira	tory arres	et,	Approximate interval Between
l	IMMEDIATE CAUSE (Finel disease or condition		(J)	CarelNONE LANG									Onset and Death
ı	resulting in death)	A.	(OR AS A CONSEQUENCE OF):										
١		oue 10	ION AB A CO	MISEQUENCE O	#);								
	Sequentially list conditions,	DUE TO	TO (OR AS A CONSEQUENCE OF):										
	If any, leading to immediata cause. Enter UNDERLYING		on as a consequence org										
l	CAUSE (Disease or Injury that Initiated events	(OR AS A CO	S A CONSEQUENCE OF):										
l	resulting in death) LAST												
ı													
ı	PART II. Other significant condition						given in	Part I. 34	 WAS AN AL PERFORM 			THE AUTOPSY FINDINGS ALLABLE PRIOR TO	
ı	Astes tatio	dess			. 0	16	7		_ +	□ YES 2.	THO	00	OMPLETION OF CAUSE
ı			_		' /	•		_			1	YES 2 NO	
ı													
l	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	/)	omune		ACE OF D	EATH (Chi	sch only one;					
ı	1 □ YES 2.2-RO	HOSPITAL:	go/Outpatio	AOD II & BOA	OTHER	4: sing Home	s Ci Re	reidence	8 🖂 Other (S)	pecify)			
ı	27. MANNER OF DEATH	28a. DATE Of (Month) D	BUJURY /	28b. T3M	IE OF	28c. INJI WO			284. DESCR	INE HOW INJ	URY OCCU	RED	
l	1 Natural 5 Pending 2 Accident Investigation			5751	M		es 2	NO					
ı	3 Suicide 6 Could not be	28s. PLACE O building,	F INJURY — I gat. (Specify)	At home, ferm,	street, fact	ory, office			28f. LOCATIO	ON (Street and livers, State)	Mumber or	Runt Rout	v Numbec
4	4 Horseide determined								10000000	No margines.			
Ļ	29a, CERTIFIER . COMMISSION DANS				A	11 11 11 11 11	201 To Della 2		to the cause)				
ı	4 Homicide determined	building,							City or 7	lweri, State)			e Mumbec

30. NAME AND ADDRESS PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Eddie Nakhuda 2300 Dulaney Valley RD. Towson, Maryland 21204

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REGISTRAR											
1. DECEDENT'S NAME (First, Middle, Li	ist)						2. DATE OF	F DEATH DAY		YEAR 3	. TIME OF DEATH
DOROTHY LAN	GHIRT							09-	93	YEAR	2:am
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest bi	irthday) IF UND	ER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		. BIRTHPL	ACE (State or Foreign
214-20-1602	1 M 2 F	91	YRS. MONTH	DAYS	HOURS	MIN.	(Month, I	14-19 (12	Country)	Maryland
9a. FACILITY NAME (If not institution, g	Α.	//	05.00	TV TOWN	OR LOCATI			14-170			
			96. CI			ON OF DE	AIH		9c. COUNT		
Riverview Nurs	ing Home			ts	sex				Bo	ultin	nore
10s. STATE 10b. COL	INTY	1.	10c. CITY, TOWN	OBLOCA	TION	-				1.	Od. INSIDE CITY
	Baltimo		IOL OIT, IOW	ON LOCA	IION	D 0	4 1	- 0'4			LIMITS?
Maryland	Buttone	ne		-			Lumon	e City			YES 2 NO
10e. STREET AND NUMBER				10	f. ZIP COD						AT COUNTRY?
2548 Aisquith	Street					2	1218		- (Unite	ed States
11. MARITAL STATUS		T EVER IN U.S. ARME	D 1:	. WAS DE	ENDENT C	F HISPAN	IIC ORIGIN?	(Specify Yes	or No—	4. RACE -	- American Indian, White, stc.
1 Never Married 2 Married	IF YES, GIVE V				2 □√NO		n, Puerto Ric	en, etc.)	3.4	Specify:	
3 Wildowed 4XX Divorced					~						White
15. DECEDENT'S (Specify only highest g		16a. DECE	DENT'S USUAL	OCCUPATI	ON		16b. K	UND OF BUS	INESS/INDUS	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) Iffe. Do	kind of work don NOT use retired	e ouring mi !.)	OST OF WORKE	10					
Unknown			rder					Americ	an Ro	inb	
17. FATHER'S NAME (First, Middle, Last)		1			18, MOT	HER'S NA	_	idle, Maiden S		5,510	
August Becker					-						
19a. INFORMANT'S NAME (Type/Print)		1		00.0			Vonwe		• 11		
	4		MAILING ADDRE								
Donald Langhir			764 Mel	bowr	ne Ro	oad	Dunde				
20s. METHOD OF DISPOSITION 1 X Burls 2 Cremation 3 F	temoval from State	20b. PLACE AND	D DATE OF DISP	DSITION (N	ama of		DATE		ATION - CI	ty or Town	, State
4 Donation 5 Other (Specify)		- Garden	s of Fa	ith	Cem.	12/1	1/93	Bo	ultimo	ore.	Maryland
21. SIGNATURE OF FURERAL SERVICE	LICENSEE	//	2	2. NAME A	ND ADDRE	SS OF FA	CILITY				
		/ //		mount	-Kuck	z tui	reral.	Home	06 DL	ındal	ck. Inc.
11.1h	/ II	-//									
23. PART L Enter the diseases,	re. List only one cau	/Se on each line.	h. Do not ent	7922 er the me	Wise ode of dy	lng, auc	2. Du	undalk ic or reapir	atory arres	rular	Approximate Interval Between Onset and Des
23. PART L'Enter the diseasea, shock, or heert failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Atpri	OR AS A CONSEQUE	h. Do not ent	7922 er the me	Wise ode of dy	lng, auc	2. Du	undalk ic or reapir	atory arres	rular	Approximata Interval Between
23. PART L Enter the diseases, shock, or heert fellu immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions.	a. Ateri a. DUE TO C. DUE TO d	OR AS A CONSEQUE	h. Do not ent ENCE OF): ENCE OF):	7922 er the me	Wise Ode of dy	eolou	2. Du an cardia	undalk ic or reapir	atory arrea	24b. W	Approximate Interval Betwee Onset and Del
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MINION OF VITAL RECORDS, P.O. BOX 68/60,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
NOISIA	ATTENDING
	S

TO AF HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Sours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene physic to burial, cremation, or removal.

MINOPATANT HI fam 28 its marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be marked at once.

1 . STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR		CERTIFI	CATE OF DEAT	H	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	1 0	2	,		E OF DEATH	3.	TIME OF DEATH
	FRANCIS (FR	make 12	1 GRSin	1.00	MON		193	
		71.10				21 23	1	М
-	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 2	44.4	E OF BIRTH oth, Day, Year)		NCE (State or Foreign
	215 10 2452	1 M 2 F	YRS.	IONTHS DAYS HOURS	MIN. (MON	2 21 1917	Country)	
1	90. FACILITY NAME (If not institution, give et		0		1721	NO. 1111		
-	SO. PACIETY NAME (II NOT INSULUTION, GIVE OF	reet and number)		96. CITY, TOWN OR LOCATION	N OF DEATH	9c. 0	COUNTY OF DEAT	н
DIRECTOR	1703 W100Y	15,065		BALLIMO	290	Be	Wille	52
15	RESIDENCE OF DECEDENT			2121111	100	10.	11110	-
Ĭ.	10e. STATE 10b. COUNTY	1	10c. CITY,	TOWN OR LOCATION			10	d. INSIDE CITY
1 5	Capylon Car	25 am - 11	0	177				LIMITS?
	I MKYLAN I DA	71,000	L DI	Himor			' '	YES 2 NO
FUNERAL	10e. STREET AND NUMBER	\wedge		101. ZIP CODE		10g.	CITIZEN OF WHA	T COUNTRY?
1 65	DELOS LIBROV	Kinler		21	121		125	۵
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN ILE ADMED	Tan has December of	400	NO 20-1-14 N - 1-14	0.0.	
15	1 Never Married 2 Married	FORCES? 1 YE		13. WAS DECENDENT OF If yes, specify Cuben,			- 14. RACE Black, W	American Indian, hite, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TYES 2 NO	Specify:		Specify:	1 5-
	3 Widowed 4 Divorced						1 (1)3	1115
	15. DECEDENT'S EDUC	CATION	16e. DECEDENT'S U		16	b. KIND OF BUSINESS	INDUSTRY	
IEI	(Specify only highest grade		(Give kind of wo	rk done during most of working retired.)				
15	Elementary/Secondary (0-12)	College (1-4 or 5+)	N111's m	101				
3 5	19/19.		THIZE !	LIRK		UTERIOR	LOURTOF	BALTO. CITY
COMPLETED	17. FATNER'S NAME (First, Middle, Last)	0 00		18, MOTNE	ER'S NAME (First,	Middle, Maiden Surnan	ne)	
	Plaisius	200°	NER		1.000	10 11	00	
BE		15001			717413	71 4 CI	2112	
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number of	or Rural Route Nur	nber, City or Town, State	, Zip Code)	
	FAMILY KI	COROS		19 EMAZ	AROL	15		
8	20e. METHOD OF DISPOSITION		06. PLACE AND DATE OF	DISCOUNTING AND AND AND AND AND AND AND AND AND AND	DA	I 00- 1 0047104	N — City or Town,	Out of
Š .	1 Buriel 2 Cremation 3 Remo		emetery, crematory or oth		Q1. 12		- City or town,	\
	4 Donation 5 Other (Specify)	1	WOORI		TK 9	3 9 SLKR	1.2203	(ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		22. NAME AND ADDRESS	S OF FACILITY	- M. mal	200	
	10-15	N.		SVANSCH	(4hTTO	EL. Prevol	1150	
2	Thurs Tie	Al most		8800 HAR	2 FORO	ROAD-H	Sakicil	15
3	23. PART I. Enter the disesses, or o	omplications that caus	ed the death. Do no			edles or resolector	amost .	Approximate
	shock, or heart failure. I	List only one cause on	each line.	a onto the mode of dyni	y, socii sa cai	idiac of respiratory	Sireat,	Interval Between
	IMMEDIATE CAUSE (Final					110		Onset and Dasth
Ĕ	disesse or condition	1/10-1	-++		1000	a (01X		0
	resulting in death)	B. DUE TO (OR AS	A CONSEQUENCE OF	2 3000	04000	000		2 years
5		DOE TO (OH AS	A CONSEQUENCE OF		nou			
Z	Account of the second	b		a	rech	env		
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF					
CERTIFICATION	cause. Enter UNDERLYING							
	CAUSE (Disease or Injury	DUE TO (OR AS	A CONSEQUENCE OF		_			
	that initiated events resulting in death) LAST							
5 6	Total and County Exist	d						
0								1
EDICAL	PART II. Other significant condition	s contributing to death	but not resulting in	the underlying cause gi	ven in Part I.	24a, WAS AN AUTOF PERFORMED?		RE AUTOPSY FINDINGS AILABLE PRIOR TO
0							CC	MPLETION OF CAUSE
						1 TES 2 NO	Of	DEATH?
							1	YES 2 NO
2								
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DE	ATH /Check only	onel		
PHYSICIAN: M	EXAMINER?	HOSPITAL:	7.57	OTHER:	THE TOTAL CHAY C			
5	1 TES 2 NO	1 Inpatient 2 ER/O	rtpatient 3 🗆 DOA	I ☐ Nursing Home 5 🥵 Resi	idence S 🗆 Oth	ner (Specify)		
1 =	27. MANNER OF DEATN	28e. DATE OF INJUR			28d. Di	SCRIBE HOW INJURY	OCCURED	
	1 Natural S Pending	(Month, Day, Year	INJU	RY WORK? M 1 YES 2	NO			
B	2 Accident Investigation							
E :	3 Suicide 6 Could not be	28e. PLACE OF INJUI	RY — At home, ferm, st pecify)	reet, factory, office		CATION (Street end Nui y or Town, State)	mber or Rural Rout	Number,
위비	4 Nomicide determined							
	29e. CERTIFIER							
	(Check only CERTIFYING PNYSH			at the time, date end place,				
	2 MEDICAL EXAMINE	R: On the basis of examinat	ion end/or investigation	, in my opinion, death occure	d at the time, dat	te and place, and due	to the cause(e) ar	d menner ee stated.
-I O I				Tan war		T.		
COMPLET		1. //		1 29c LICEN	NSE NUMBER	29d.	DATE SIGNED (M	orith, Day, Year)
-	296. SIGNATURE AND TITLE OF CERTIFIER	1//		7.0	3 -		0	
B		1 the	mn	D	2039	£ >	DSC 13	1993
-	296. SIGNATURE AND TITLE OF CERTIFIER	1 Holling	PEATH (ITEM 27) (Type.	D	2039	¢ >	DEC 13	1993
B		1 Holling	DEATH (ITEM 27) (Type,	Print)	2039	5	DEC 13	1993
B	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WAY OR ORVIS	O COMPLETED CAUSE OF I	560110	D	2039	<i>z</i> •	DEC 13	1993
B	296, SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WIND OR ORVIS 31. DATE FILED (Month, Day, Year)	1 Holling	560110	Print)	2039. BLVO.	\$	DEC. 13	1993
B	296. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WAY OR ORVIS	O COMPLETED CAUSE OF I	560110	Print)	2039. BLVO.	\$ >	DEC 13	1993

1	-	STATE REGISTRA	N
	1, (DECEDENT'S	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 36206

	REGISTRAR		CERTIFIC	CATE OF	DEATH		REG. NO.			
	1. DECEDENT'S HAME (First, Middle, Last)	H. C	PARURS	3/20.106				2. DATE OF DEATH MONTH DAY YEAR		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH	8.	BIRTHPLA	CE (State or Fore
	317 38 9913 9a. FACILITY HAME (If not institution, give:	1 - M 2 BF 5	A YRS.	DAYS	HOURS MIN.	AV	b. 619	41 1	PARY	LAND
TOR	1820 PUTTY RESIDENCE OF DECEDENT	HILL AVE		BA	LTIMOR			BALT	Tim	RE
DIRECTOR	100. STATE 10b. COUNT	himor-	0	ALT.	NORE				1	LIMITS?
ERAL	100. STREET AND HUMBER	ill Ave.		1	OF. ZIP CODE	4		10g. CITIZEH	OF WHAT	COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 MHO	If yes, s	CEHDEHT OF HISPAI pecify Cuban, Maxica S 2 HO Specif	nn, Puerto I		r No 14.	Black, Wr Specify:	American Indiar
TED	15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S US (Give kind al worl life. Do NOT use n	k done during n	IOH post of working	166	. KIHD OF BUSI	HESS/IHDUS	TRY	115
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	L'AS)				GIAST	T Fo	00	
	17. FATHER'S HAME (First, Middle, Last)	ISRRMAN			18. MOTHER'S HA		Middle, Maiden S	umame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)			DDRESS (Street	and Number or Rural	Route Numi	ber, City or Town,	State, Zip Co	de)	
	20e. METHOD OF DISPOSITION 12 Burlet 2 Cremation 3 Rem	20	b. PLACE AND DATE OF		HS MC	DAT	E 20c. LOC	ATION City	or Town,	State
	4 Donation 5 Other (Specify)		metery, cremetory or other	W 1 (7	MORIAL MADDRESS OF FA	13-	Syk	Live	75	PARMA
	· Pala to	>verus /		330 2 Y F	ANS CHA	P120	ROAD	TORIS	es ekvis	Ne.
	23. PART I. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. COPL	ad the death. Do not each line. A CONSEQUENCE OF):	enter the m	ode of dying, aud	ch as card	llac or reapire	atory arrest		Approximatinterval Be Onset and
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS	A CONSEQUENCE OF):							
RTIFIC	CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST									
EDICAL CE	PART II. Other algnificent condition Osteoporosis	na contributing to death	but not reaulting in	the underlyi	ng cause given in	Part I.	24s. WAS AN A PERFORM	IED?	AWA	RE AUTOPSY FII ILABLE PRIOR 1 MPLETION OF C
: MED		1 □ YES 2 M HO								DEATH?
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C)	neck only or	10)			
IXSI	1 TYES 2 NO 27, MANNER OF DEATH	1 Inpetient 2 ER/Out	tpatient 3 DOA 4		me 5 Residence					
ВУ РН	1 1 Accident Pending Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME C	IY W	JURY AT ORK? YES 2 HO	28d. DES	CRIBE HOW IN	JURY OCCUP	ED	
ED	3 Suicide 8 Could not be determined 28e. PLACE OF IHJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATIOH (Street and Number or Rural Route Number, City or Town, State)									
COMPLET	(Orlocat Gray)	ER: On the best of my known								d manner as s
BE	296. SIGNATURE AND TITLE OF CERTIFIE	/ MI)		D 188			29d. DATE S	IGNED (Mo	nth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, Pr	120 S	0	1-01	2. 00		-	10-0
	31. DATE FILED (Month, Day, Year)	32. DEGISTRAR'S SIG	NATURE	207	2212	12131	C UK	11/2	-101	m20U
	DEC 1 3 1993 9	my meren go	de Fact							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							362	07
. DECEDENT'S NAME (First, Middle, Last) TASHARA	ANI	J	MOO	RE	2. DATE OF DEATH MONTH 1.2	1.0	YEAR 93	3. TIME OF D	EATH A
n / a	5. 9EX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	03		HPLACE (Stote of	

TASHARA	ANN		Mo	OORE		1.0	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 1 / a	5. SEX 6.	AGE (In yrs. last birthday) YRS.	MONTHS 24		7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country) MARYLAND		
1933 E.31st. S	98. FACILITY NAME (If not institution, give street and number) 1933 E.31st. STREET 96. COUNTY OF DEATH BALTIMORE CITY n/a								
MARYLAND 106. COUNTY	'a	10c. CI	BALTI				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
3022 CLIFTON PAR						UNITE	D STATES		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I	YES 2 V NO	If yes	DECENDENT OF HISP s, specify Cuban, Maxi YES 2 NO Spe	ANIC ORIGIN? (Specify Yecen, Puerto Rican, etc.)	es or No— 14	RACE — American Indian, Black, White, etc. Specify: BLACK		
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) n/a	16a. DECEDENT'S (Give kind of life. Do NOT u BABY	work done during see retired.)	PATION g most of working	166. KIND OF BU	JSINESS/INDUS	TRY			
17. FATHER'S NAME (First, Middle, Lest) GARY MOORE	17. FATHER'S NAME (First, Middle, Last) GARY MOORE 18. MOTHER'S NAME (First, Middle, Malden Surname) KIM DAVIS								
190. INFORMANT'S NAME (Type/Print) KIM DAVIS		19b, MAILING 193		31 ST. S	TREET, BAL	wn, State, Zip Co _TIMORE			
20a, METHOD OF DISPOSITION 1 🖾 Burief 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify)	20b. PLACE AND DATE					VALLEY, MD			
21. SIGNATURE OF FUNERAL SERVICE LICE		U		C. MARCH		E. NO	ORTH AVENUE		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									
PART II. Other aignificant conditions	ath but not reaulting	lying cause given		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDIN				
					1 TYES	2 NO	OMPLETION OF CAUS OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			6. PLACE OF DEATH	Check only one)				
EXAMINER? XX YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 El 28e. DATE OF IN. (Month, Day.		OTHER: 4 Nursing ME OF 28c	Home 8 Residence	Check only one) 6 Other (Specify) 26d, DESCRIBE HOW	INJURY OCCUP	REO		
EXAMINER? X YES 2 NO	1 Inpatient 2 E	JURY 26b. TH (N	OTHER: 4 Nursing ME OF 28c JURY M 1	Home 6 Residence: INJURY AT WORK? YES 2 NO	6 Other (Specify)	and Number or			
EXAMINER? 27. MANNER OF DEATH 1 Netural	1 Inpetient 2 Ei	JURY 26b. TH (N NJURY — At home, farm, . (Specify)	OTHER: 4 Nursing ME OF 28c JURY M 1 street, factory,	Home 5 Residence NJURY AT WORK? YES 2 NO office data and place, and don, death occured at t	28d. DESCRIBE HOW 28d. DESCRIBE HOW 28d. LOCATION (Street City or Town, State us to the cause(s) and muse time, data and place, a	and Number or	Rural Route Number, auee(a) and manner as stated		
EXAMINER? X YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check and) 1 CERTIFYING PHYSIC	28e. DATE OF IN. (Month, Day. 28e. PLACE OF III building, etc. CIAN: To the best of my R: On the basis of exam	JURY 28b. TH IN NJURY — At home, farm, . (Specify) knowledge, death occur nination and/or investigation.	OTHER: 6 Nursing ME OF JURY M 1 street, factory, red at the time, ion, in my opinic	Home 5 Residence NJURY AT WORK? YES 2 NO office	28d. DESCRIBE HOW 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yown, State) us to the cause(s) and mane time, data and place, a	and Number or enner as stated, and due to the c			

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cardificate be executed within

MARGAMON

31. DATE FILED (Month, Day, Year)

DEC 1

3

1993

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit he filed within 72 hours after death with the State Dent. of Health and Mental Horiene onto to burial, cremation, or removal	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING F	TO THE FUNERAL DIRECTOR: After the filed within 72 hours after death	IMPORTANT: If Item 28 is mar

Pages 1, 2, 3 should

permit.

93 36208 FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH ROBERT YEAR E. MARTIN 12 99712:20 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign Country) (Month, Day, Year) 2-8-1928 DAY8 HOURS 215-22-2846 1 X M 2 F Maryland 65 YRS. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH FRANCIS SCOTT KEY HOSPITAL DIRECTOR BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore Dundalk 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1956 Denbury Road U.S.A. 21222 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 27 THO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2V NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried If yes, specify Cuban, Mexican, Puerto Ri 1 TYES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) 10 yrs Plant Auto 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Stephen Martin Helen Colly BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Mary E, Martin 1956 Denbury Rd., Dundalk, Md. 21222 20a. METHOD OF DISPOSITION
1 ☐ Buriel ※XCremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State OATE GreenMount Crematory 12-14-93 Balto., Md. 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE dison M. Perkins 22. NAME AND ADDRESS OF FACILITY 21222 Edwar M Bradley-Ashton Funeral Home, Inc. DD0083 2134 Willow Spring Rd.Balto 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or haart fallure. List only one cause on each line. Interval Between Onset and Daath IMMEDIATE CAUSE (Final HANDS CLETHOTHE CARDIOVASCULAR DISKASK DUE TO (OR AS A CONSEQUENCE OF): disease or condition reaulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 246. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 - YES 2 10 NO Mysoon 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF GEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 GER/Outpatient 3 I DOA 4 - Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 28b. TIME OF INJURY 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 The MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated. HATURE AND TITLE PE CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE more The 12 OCME 1993 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland

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DHMH-16 Rev 1/89

ITEM: 19a, PER F.H. FILM G-706 12/13/93 t.t

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

36209 93

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)					F DEATH	REG.		3. TIME OF DEATN
	HARRIETT OLI	VIA	MASS	SEY			MONTH 1 2	MONTH DAY YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF BIRTI	1	8. BIRTHPLACE (State or Fore
	218-26-2099 1 M 2 XF 65 YRS.					8 HOURS MIN.	(Month, Day, Ye. 10-30-2		Country) Maryland
	9a. FACILITY NAME (If not institution, give	street and number)			Db. CITY, TOW	N OR LOCATION OF DI			TY OF DEATH
E	8232 LAUREL D	RIVE			PARK	VILLE		BAI	LTIMORE
5	RESIDENCE OF DECEDENT								
DIRECTOR	Maryland Balt	imore		Contract of the last	TOWN OR LO				10d. INSIDE CITY LIMITS?
	-	ва.	ltimor				1 TYES 2X N		
FUNERAL	8232 Laurel Dr.			10f. ZIP CODE			ZEN OF WHAT COUNTRY?		
E I		12. WAS DECEDENT			_	21234		U.S.	
F	11. MARITAL STATUS 1 Never Married 2 Married	ARMED NO		DECENDENT OF HISPAI specify Cuban, Mexica			14. RACE — American Indian Black, White, etc.		
BY	3 XWidowed 4 Divorced	IF YES, GIVE W	AR OR DATES		101	res 2 XNO Specifi	y:		Specify: White
	15. DECEDENT'S EDU		16a.	DECEDENT'S U	SUAL OCCUPA	ATION	16b, KIND O	BUSINESS/IND	
ETED	(Specify only highest grade Elementary/Secondary (0-12)			(Give kind of wo	rk done during retired.)	most of working			100
P	8 yrs	Housew:	ife		Ow	n Home			
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	ME (First, Middle, Mi		
	William	Cline				Harrie		Spe	eake
	19a, INFORMANT'S NAME (Type/Print)	19b. MAJLING A	DDRESS (Stre	et and Number or Rural					
	Mariam Palmor M	IRIAM M. PAL	MER	4618 I	Debile	n Cir. Ba	ltimore.	Md. 21	208
	20s. METHOD OF DISPOSITION			E AND DATE OF	DISPOSITION	(Name of			City or Town, State
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	kwood (cemete	ry	12-11 P	arkvill	e, Md.	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc.								
	1///	1/							
	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, Approximate								
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due TO (OR AS A CONSEQUENCE OF): Due TO (OR AS A CONSEQUENCE OF):								
CERTIFI	resulting in death) LAST								
S	a.								
AL	PART II. Other algnificent condition	na contributing to	deeth but no	at resulting in	the underly	ying cause given in		S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO
EDICAL					_ 100 v	ES 2 NO	COMPLETION OF CA OF GEATH?		
ME			*	_		1/2 YES 2 NO			
AN									
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26 OTHER:	. PLACE OF DEATH (Ch	neck only one)		
YSI	XX YES 2 NO	1 Inpatient 2		3 DOA 4	Nursing I	iome 5 X Residence	6 Other (Specify)	
РНУ	27. MANNER OF DEATN 1 1 Netural 5 Pending	26a. DATE OF (Month, De		20b. TIME INJUI	RY	INJURY AT WORK?	28d. DESCRIBE N	OW INJURY OCC	CUREO
B	2 Accident Investigation					YES 2 NO			
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At etc. (Specify)	home, form, atr	eet, factory, o	office	28f. LOCATION (S City or Town,		or Rural Route Number,
E									
7	29a. CERTIFIER (Check only	SICIAN: To the best of	my knowledge,	death occurred	at the time, o	date and place, and due	to the cause(a) and	manner sa atate	rd.
COMPL	2 MEDICAL EXAMIN	ER: On the beals of ax	amination and/	or investigation,	In my opinio	n, death occured at the	time, deta and plac	e, and due to the	e cause(s) and manner sa sta
	296. SIGNATURE AND TITLE OF CERTIFIE	in/	^			29c. LICENSE NUI		29d. DATE	E SIGNED (Month, Day, Year)
BE	(Low	(orle	M			O.C.M.		175550	2/10/1993
임	30. NAME AND ADDRESS OF PERSON W	HO COMPLETEO CAUS	E OF OEATH (I	TEM 27) (Type, F	Print)			1 1	m/ 20/ 2000
	JUARON LOCK					REET BA	TTTMOR	E.MARV	LAND 21201
		32. REGISTRA			111 01	THE PE	11111010	_ / * * * * * * * * * *	
	0004								
	DECI 3 1993	tale List.	. 50	7					

iours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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SPITAL OR ATTENDING PHYSICIAN: TH
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SPITAL

- 1	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			CERTIF	RTMENT OF	F DEATH	1	REG. NO	_		6210
1 3	JOSE	PI+ N	MARA	Joseph	Maranto	o, sr.	MON	TE OF DEATH D		YEAR 3. T	WE OF DEATH
1 3	4. SOCIAL SECURITY HUMBER	5. SEX		yrs. lest birthday)	IF UNDER 1 YEAR	-	HRS. 7. DAT	E OF BIRTH		BIRTHPLAC	E (State or Foreign
	215-10-4939	1 🔀 M 2 🗆 F	9	92 YRS.	MONTHS DAYS	HOURS		nin, Day, Year) Jary 1, 1	901	New Y	ork
	Sa. FACILITY HAME (If not institution, give					OR LOCATION				Y OF DEATH	
DT.	The Good Samaritan Hospital Baltimore										
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. Cl	TY, TOWN OR LOC	ATION				10d.	INSIDE CITY	
										1 ()	YES 2 NO
FUNERAL	10s. STREET AND NUMBER 10s. CIPICEDE 10g. CITIZEH OF WHAT COUNTRY?										
N N	5905 Sefton Ave	12. WAS DECEDEN	NT EVER IN U	S ARMED	13 WAS D	212		IN? (Specify Yes		ed St	merican Indian,
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	2 X NO	If yea,	specify Cuban, I	Mexican, Puerti Specify:	o Rican, etc.)	1 OF NO-	Black, Whi	White	
ETED	15. DECEDENT'S EDU (Specify only highest grad		16	(Give kind of	Work done during i	TION most of working	- 10	Sb. KIHD OF BU	SIHESS/INDU	STRY	
COMPLE	Elementary/Secondary (0-t2)	Propi	rietor			Specia		oods			
	17. FATHER'S NAME (First, Middle, Last)							, Middle, Maiden			
BE	Joseph Maranto 194, IHFORMANT'S HAME (Type/Print)	19b. MAILING	G ADDRESS (Stree			cetta F		ode)			
5	Mrs. Frances T.	Maranto		5 Seft						21214	
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION / Name of cemetery, crematory or other place! 20c. LOCATION — City or Town, State										
	4 ☐ Donation 5 X Other (Specify) En	CENSEE			00 114500			/93 Ti	monium	ı, Mar	yland
	Mark T.	Mar	rk T.	Zavoyna	l Leo	nard J	. Ruck	, Inc. ad Bal	l+imon		1214
CERTIFICATION	ehock, or heart failure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to or as a consequence of: Due to or as a consequence of: Due to or as a consequence of: Due to or as a consequence of: Due to or as a consequence of: Due to or as a consequence of: Due to or as a consequence of: Due to or as a consequence of: Due to or as a consequence of: Due to or as a consequence of: Due to or as a consequence of:									Onset and Daath	
AN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. CATONIA AVERY Disease 246. WAS AN AUTOPSY PERFORMED? 1 YES 2 HO 246. WERE AUTOPSY FI AMARABLE PRIOR COMPLETION OF COM								PLETION OF CAUSE PEATH?		
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			28. OTHER:	PLACE OF DEAT	TH (Check only	one)			
ı > ı	1 YES 2 NO 27. MAHHER OF DEATH	1, Inpetient 2		ent 3 DOA	4 Hursing Ho	me 5 Resid		ner (Specify)	N INTEN OCCU	BED	
У РН	t Hetural 5 Pending	(Month, E		IN.	JURY Y	VORK?		LOCITIBE HOW F	NJORT OCCO	NED	
ЕТЕВ ВУ	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE Obuilding,	OF IHJURY — etc. (Specify)	At home, farm,	street, factory, off	lice		CATION (Street a y or Town, State)	and Number or	Rural Route I	Number,
MPLE	29a. CERTIFIER (Check only one)										
CO	2 MEDICAL EXAMINI	ER: On the baels of e	xemination ar	nd/or Investigation	on, in my opinion,	death occured	et the time, de	te and place, an	d due to the	cause(a) and	menner es stated.
ш	K. Sulude	WD				D'S C	9758	5	29d. DATE 5	2-9-	13 Pay, Year)
9 0											
TO BE COM	30. HAME AND ADDRESS OF PERSON WY 560 COCH R 31. DATE FILED (MORTH, Day, Year)	OCOMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	fun,	BA	क ।	ND	212	8 2	

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ATTENDING PRINCIPLY THE RAN INCHES WAS USED THE USE OF CHANGE OF CHANGE OF CHANGE OF THE PRINCIPLY OF STEPLY OF THE PRINCIPLY	LANGECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bur	are 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	NIT. If item 25 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH To 11:45 AM CHARLES MURRAY, SR 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year 08 19 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 79 1 X M 2 - F 214-01-7636 MARYLAND Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATN NORTH ARUNDEL HOSPITAL ASSOCIATION DIRECTOR A.A. COUNTY GLEN BURNIE 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY
LIMITS? ANNE ARUNDEL GLEN BURNIE MARYLAND FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 116 EUGENIA AVENUE 21061 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, stc. If yes, specify Cuben, Mexicen

1 YES 2 NO Specify: 1 Never Married 2 Merried BY 3 Widowed 4 Divorced WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) PLUMBING SUPPLIES 12 BILLING CLERK 17. FATHER'S NAME (First Middle Last) 18. MOTNER'S NAME (First, Middle, Melden Surname) JAMES E. MURRAY RUTH E. BOYD 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 116 EUGENIA AVENUE-GLEN BURNIE, MD. 21061 FLORENCE E. MURRAY 20s. METNOD OF DISPOSITION

Souriel 2 Cremental 3 Removal from 4 Donation 5 On (Specify)

21. SIGNATURE OF THE LASERVICE LICENSE 20b. PLACEAND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State 3 - Removal from Stat CEDAR HILL BROOKLYN, PARK, MD. 12/13 22. NAME AND ADDRESS OF FACILITY 21061 RAYMOND C 426 CRAIN FINK FUNERAL HOME 2106 HWY.S.W.GLEN BURNIE, MD. ren 23. PART I. Enter the diseased, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory street, shock, or heart fellore. List only one cause on each line. Approximate Interval Betwe IMMEDIATE CAUSE (Finel **Onset and Deeth** disease or condition resulting in death) erebso vas culan 1 tecident 10 da DUE TO (OR AS A CONSEQUENCE OF): reitensive CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL ATORY FAILURG 1 TYES 2 TLNG DE DEATH? 1 TYES 2 NO N/A PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER: 1 YES 2 NO 1 1 Inpetient 2 ER/Outpetient 3 DOA ng Nome 5 - Residence 9 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL_EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date end place, and due to the ceuse(s) and manner as stated. 29b. SIGNATURE AND LITTLE OF CERTIFIER

29c. LICENSE NUMBER

M.D./1600 CRAIN HIGHWAY, SW, #308/GLEN BURNIE, MARYLAND 21061

D 21776

Attendo

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

32. RESISTRAR'S SIGNATURE

SURYA P MUNDRA

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

12/10/9

BE

3891 bur USD

TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Yours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach to filled within 72 hours after death with the State Deut, of Health and Mental Hollege prior to burial, cremarism, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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101	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the full be filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal	3
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COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Charles Angell 31. DATE FILED (Morth, Day, 16ar)
DEC 1 3 1993

	FOR 1 - STATE REGISTRAR	STATE OF I					IEALTH A		ENTAL HYGIEN REG. NO	E	3	6212
	1. DECEDENT'S NAME (First, Middle, Last) Beverly Mellot	4						2	DATE OF DEATH	AY	YEAR 3	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	0.000						12/10/93			0:15 a
	216-32-1299	1 M 2 TF	6. AGE (in yrs. ia 57 Y		MONTHS	DAYS	HOURS 24	MIN.	(Month, Day, Year) 03/20/19	26	Country)	ACE (State or Foreign
	Se. FACILITY NAME (If not institution, give s	- 1	37 1	cars	9b. CIT	Y. TOWN (R LOCATION	OF DEAT			Mary	land
H	1000 Wilson Poin	i			re/Cha				timor			
5	RESIDENCE OF DECEDENT					-		Dai	CTINOI	-		
H						OR LOCAT					10	Id. INSIDE CITY LIMITS?
0	MD Baltir	nore -		DS	11111		Chase	9		10- 017171		YES ZA NO
ERA	1000 Wilson Poir	nt Road A	nt F			1 10		220		U.S		AT COUNTRY?
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. AF	MED	13.	WAS DEC	ENDENT OF	HISPANIC	ORIGIN? (Specify Yes			- American Indian,
BY F	1 Never Married 2 Merried 3 Widowed 4 Divorced		YES 2 X	NO		if yes, sp	ecify Cuben, 2 \(\subseteq \text{NO} \)	Mexicen, I	Puerto Rican, etc.)		Black, V Specify:	Vhite, etc.
				x								hite
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(G	CEDENT'S live kind of a Do NOT us	work done	during mo	on st of working		16b. KIND OF BU	SINESS/INDU	STRY	
PLE	Elementary/Secondary (0-12) 12 Years	College (1-4 or 5	+)				ratio	าก	Hospi	tal		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		11.002	51116	110111							
BE C	17. FATHER'S NAME (First, Middle, Lest) Wilson Roller Rutherford Ella Virginia Heyn											
TO B	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)											
	Debbie Weber			1000	Wils	son l	oint	Road	Balto.	MD 21	220	
	25s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	206.PLACE Cemetery, cre Breth	and date of the land of the la	ther place	ery	me of	12/	DATE 20c. LO	cation – ci edmore		State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY									Home Inc.		
	immediate Cause (Final disease or condition resulting in death)									Approximata interval Betwee Onset and Des		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO APR AS A CONSEQUENCE OF): DUE TO APR AS A CONSEQUENCE OF): DUE TO APR AS A CONSEQUENCE OF): DUE TO APR AS A CONSEQUENCE OF):											
PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO									AILABLE PRIOR TO IMPLETION OF CAUSE DEATH?		
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 U YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE!	R:	ACE OF DEA		only one) Other (Specify)			
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	27. MANNER OF DEATH 1 Netural 5 Pending 280. DATE OF INJURY (Month, Day, Year)					JRY AT RK? ES 2	26	d. DESCRIBE HOW I	NJURY OCCU	RED	
	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm, s	treet, fact	tory, office	,	21	of LOCATION (Street of City or Town, State)	and Number or	Rural Rout	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC DESCRIPTION OF THE PHYSIC DESCRIPTION OF TH								the cause(s) end mar e, dete and place, en			nd manner se stated.
O BE C	29X 91GNATURE AND ATTLE OF CERTIFIER	20 M	٨				29c. LICENS	Y O	R 5	29d, DATE !	BIGNED (M	onth, Day, Year)

611 Park Avenue Baltimore, Maryland 21201
32. REGISTRAR'S SIGNATURE



DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLANI	D / DEPAR CERTIF	TMENT OF	HEALTH AND	D MENT	AL HYGIEI	-	3	6213	
	1. DECEDENT'S NAME (First, Middle, Lest)	E HASSA	N- Hai	ice Ha	ssan	MON		2 9°	EAR	3. TIME OF DEATH	
	/ -	The state of the s					E OF BIRTH	I a	BIRTHP	LACE (State or Foreign	
TOR		90. FACILITY NAME (If not institution, give street end number) NORTHWEST HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH n/a								RE	
DIRECTOR	100. STATE NARYLAND 10b. COUNTY n/	a	10c. CIT	Y, TOWN OR LC	CKEYSVIL	LE		10d, INSIDE CITY LIMITS? 1 YES 2 X			
BY FUNERAL	100. STREET AND NUMBER 722 W. PADONIA R	OAD			101. ZIP CODE 21030				PRUS	NAT COUNTRY?	
	11, MARITAL STATUS 1 Never Married 2 Merried 2 XX Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	₩0	If yes	DECENDENT OF HIS , apocify Cuban, Mei YES 2 NO Sp	PANIC ORIG	es or No.— 14				
COMPLETED	(Specify only highest grade cor	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						JSINESS/INDUS	TRY		
BE COM	17. FATHER'S NAME (First, Middle, Last) KHALIN			-	16. MOTHER'S	NAME (First	n/a Middle, Meide				
TO B	190. INFORMANT'S NAME (Type/Print) MORTEZA NODJOMI A	N			CT., TI				210)93	
	20e. METHOD OF DISPOSITION 1XXBuriel 2 Cremation 3 Removal from State 4 Donetton 5 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of Computer V. Crematical PARK 12-13 RANDALL STOWN, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH. – 1101 E. NORTH AVENUE										
CERTIFICATION	23. PART I. Enter the disesses, or complications that caused the death. Do not enter the mode of disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflited devents resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):						idec or resp		t,	Approximats Interval Between Onset and Death	
PHYSICIAN: MEDICAL CE	PART if. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part						Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN		OSPITAL:	it 3 🗆 DOA	OTHER:	PLACE OF DEATH						
	27. MANNER OF OEATH 1 Neturel 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c.	INJURY AT WORK?	_		INJURY OCCUP	ED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined 26e. PLACE OF INJURY — At home, farm, streat, fectory, office building, etc. (Specify) 26e. PLACE OF INJURY — At home, farm, streat, fectory, office City or Town, Steele								rte Number,		
COMPLETED		N: To the best of my knowledge On the basis of examination and							euse(e) e	and manner ee stated.	
BE	290. SIGNATURE AND TITLE OF CERTIFIER	Em &	-6	,	29c. LICENSE I	NUMBER				Aonth, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WHO C		(ITEM 27) (Type,	Print)							
	31. DATE DE C 1 3 1993	32 REGISTRAR'S SIGNATUR	سايقال				-				

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DIVISION OF VITAL RECORDS, P.O. BOX	IL OR ATTENDING PHYSICAL	L DIRECTOR: After this cer	2 hours after death with the
DIVISION OF V	PITAL OR ATTENDING PHYSICAL	RAL DIRECTOR: After this cert	n 72 hours after death with the
DIVISION OF V	OSPITAL OR ATTENDING PHYSICAL	UNERAL DIRECTOR: After this cert	ithin 72 hours after death with the
DIVISION OF V	E HOSPITAL OR ATTENDING PHYSICAL	E FUNERAL DIRECTOR: After this cert	d within 72 hours after death with the
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DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE UP INTEREST THAT THE death certificate be ex	TO THE FUNERAL DIRECTOR: After this certificant	be filed within 72 hours after death with the trans Dev. of with and Mental Hygiene prior to
DIVISION OF V	TO THE HOSPITAL OR ATTENDING PHYSICAL	TO THE FUNERAL DIRECTOR: After this cer-	be filed within 72 hours after death with the

		FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF ERTIFICATE OF		MENTAL HYGIEN REG. NO.	93	36214		
		1. DECEDENT'S NAME (First, Middle, Lest)	JAKA William J	loseph Noppe	nberger	2. DATE OF DEATH DATE OF COMMENTS		3. TIME OF DEATH		
should			SEX 6. AGE (In yrs. les	YRS. MONTHS DAYS		7. DATE OF BIFTH (Month, Day, Year) 8 -17-190	Cour	AS, MD		
1, 2, 3	CTOR	RESIDENCE OF DECEDENT		Balt	0. M	City	N/A	DEATH		
Pages	DIRE	Maryland N	/ A	10c. CITY, TOWN OR LOC				10d. INSIDE CITY LIMITS?		
permit.		10e. STREET AND NUMBER	WW.	Baltimor	Of. ZIP CODE		10g. CITIZEN OF	1X YES 2 NO		
020 physician. burial-transit	FUNERAL	700 West 40th. S	Street 2. WAS DECEDENT EVER IN U.S. AR	4650	21211		USA			
onding is the	B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES 2 P IF YES, GIVE WAR OR DATES WW II					CE — American Indian, ick, White, etc.		
	ETED	15. DECEDENT'S EDUCAT (Specify only highest grade col Elementary/Secondary (0-12)	mpleted) (G	CEDENT'S USUAL OCCUPAT We kind of work done during in Do NOT use retired.)	TION most of working	16b. KIND OF BUS	HNESS/INDUSTRY			
ND hospita	COMPL	10		rts Clerk				Products		
YLA by the be det	8	17. FATHER'S NAME (First, Middle, Last) George J. Noppenb	erger			eth Ann Ma				
TAR should should	TO B	19a, INFORMANT'S NAME (Type/Print)	190	b. MAILING ADDRESS (Street	and Number or Rural Ru	oute Number, City or Town	, State, Zip Code)			
Page 5	-	Richard Noppenberg		904 Morris						
e 6 m rector.		20s. METHOD OF DISPOSITION 1 XI Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of camelery, crematory or other place) St. Joseph's Ch. Cem. Dec. 10, 1993 Cockeysville, MD								
SALTI r death. P ne funeral al. examin		Martin D. Laws	win	Lemi	and address of fac non-Mitche	ell-Wiedefo Rd., Time	eld, Inc			
ted within 24 hours after completely filled in by the ial, cremation, or removal.			t only one cause on each line	ath. Do not enter the m	node of dying, such	as cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Death		
ECX 5876 ficate be executed physician and corr ne prior to burial, er traumattle or	ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE DF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
he death certifue attending Mental Hygie	CEF	DART II Other significant conditions								
THE CALDS, THE STATE THE DESTRUCTION OF SELECTION MEDICAL	PART II. Other significent conditions of	contributing to death but not r	esuiting in the underlyi	ng cause given in F	Part (. 24a, WAS AN PERFOR 1 YES 2	MED?	Ib. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
	SICIAN:		OSPITAL:	отныя:	PLACE OF DEATH (Chec					
PHYSICI this cer with th	PHYS	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 28e, DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN	me 5 Residence 6	28d. DESCRIBE HOW IP	JURY OCCURED			
OR ATTENDING PHYSICI DIRECTOR: After this cer nours after death with the	ED BY	1 Vesturel 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At ho building, etc. (Specify)		YES 2 NO	26f. LOCATION (Street a City or Town, State)	nd Number or Rura	Floute Number,		
TAL OR YZ houn	COMPLET		N: To the best of my knowledge, de On the basis of examination and/or i					6)		
TO THE HOSPITAL TO THE FUNERAL De filed within 72.	BE CO	296. SIGNATURE AND TITLE OF CERTIFIER	۸		29c. LICENSE NUM	ВЕЯ	D (Month, Day, Year)			
222	5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITEI REGOR, KESW	4 27) (Type, Print)	11203	1	- N-CCBA	mer 8,1773		
		31. DATE FILED (MORTH, Day, Year)	REGOR, KESWI	CK, 700 W.	tok. She	es, Back	use, r	a 21211		
		DEC 1 3 1993 gu	ha burdoon-fondall				··	DHMH-16 Rev 1/89		

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DISION OF VITAL RECORDS, P.O. BOX 80/80,	SENTIL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR POPLE COLDIE Suc 93 10:54 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 M F 289-12-0541 78 Jan.15,1915 Kentucky phods 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FRANCIS SCOTT KEY MEDICAL CENTER BALTIMORE CITY Pages 1, 2, 3 DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Harford 1 TYES 2 NO permit. 10e. STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g, CITIZEN OF WHAT COUNTRY? 2224 Old Emmorton Rd 21015 use as the burial-transit U.S.A. after death. Page 6 may be retained by the hospital or attending physician, 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE --- American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 YES 1 Never Married 2 Married FORCES? 1 YES 2, IF YES, GIVE WAR OR DATES 1 TYES 2 K NO Specify: BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade JO. College (1-4 or 5+) Elementary/Secondary (0-12) Housewife detached 8th once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) funeral director, page 5 should be To Barker Lonnie Morris notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Karen McVicker Old Emmorton Rd. Bel Air, Md. 21015 9 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State must 4 ☐ Donation 5 ☐ Other (Specify) Sacred Heart of Jesus 12/11 Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Connelly Funeral Home of Dundalk 7110 Sollers Pt. Rd. Dundalk illed in by the or removal. medical 23. PART I. Enter the diseases, or complications that cause the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate IMMEDIATE CAUSE (Finel Onset and Death the cremation, disease or condition resulting in death) . Arteriosclerotic Cardiovascular Disease event, DUE TO (OR AS A CONSEQUENCE OF): burial, injury, or other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST the atter Mental 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE PART il. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? MEDICAL and by shows any Signed Health a 1 YES 2 7 NO OF OFATH? 1 TYES 2 T NO INUIRY of . PHYSICIAN: has be Dept. item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one State HOSPITAL: OTHER: 1 XYES 2 NO 1 ☐ Inpetient 2 ☐ ÆR/Outpetient 3 ☐ DOA ng Home 5 - Residence 6 - Other (Specify) 6 the 27. MANNER OF DEATH 25e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural
2 Accident 5 Pending Investigation 14 1 YES 2 NO BY After t 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide . 6 Could not be determined COMPLETED 百萬 4 Homicide 28 DUMEC 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner ee stated. TO THE FUNERAL IN THE SHE SHE WITHIN 72 IN THE SHEET WITHIN 72 IN THE SHEET SH 2 👽 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner so stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE depe O.C.M.E. 12-08-1993 M.D 2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Theodore King M.D. 111 Penn Street, Baltimore, Maryland 21201 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 3 1993 in Sinder Ro DEC

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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REG NO

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permit. Pages 1, 2, 3 should

burial-transit

use as the

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and con be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial IMPORTANT: If Hem 28 is marked, or Item 23 shows any Injury, or other traumatic er DIVISION OF VITAL RECORDS, P.O. BOX 687

PHYSICIAN: MEDICAL

BY

BE COMPLETED

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4 Nomicide

8 Could not be determined

	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAI					MENTAL	HYGIENE REG. NO.	9	3	36216
d	1. DECEDENT'S NAME (First, Middle, Las	1ke	tt			2. DATE OF DEATH MONTH DAY			YEAR 93	3. TIME OF DEATH			
FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 216-22-8940	5. 9EX 1 <u>X</u> M4 2 ☐ F	6. AGE (In yrs. Id 65	est birthday) YRS.	MONTHS DAVE MONTHS AND			June 2, 1928			8. BIRTH Count	8. BIRTHPLACE (State or Foreign Country) Maryland	
	90. FACILITY NAME (If not institution, give Northwest Hospi RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF DEATH Randallstown					Baltimore					
	10e. STATE 10b. COUNTY Maryland Carroll County			10c. CITY, TOWN OR LOCATION Sykesville					16d. INSIDE CITY LIMITS? 1 X YES 2 NO				
	100. STREET AND NUMBER 7339 Gaither Ro	oad		101. ZIP CODE 21784					10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	T EVER IN U.S. A X YES 2 AR OR DATES				DECENDENT OF HISPANIC ORIGIN? (Specify Y., specify Cuban, Maxicen, Puerto Rican, etc.) YES 2 ZINO Specify:				or No- 14. RACE - American Indian, Black, White, atc. Specify: White		t, White, atc.	
	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12)	((Give kind of work done during most of working life. Do NOT use retired.)				coad Industry						
BE CON	James Tennyson Pickett						16. MOTHER'S NAME (First, Middle, Maiden Surname) Ruthanna Fitze						
10	Mrs. Bessie E. Pickett				19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7339 Gaither Road Sykesville, MD 21784								
	20e. METHOD OF DISPOSITION 1 N Burlai 2 Cremetton 3 Removal from Stata 4 Donation 6 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Tour Competency of other place) Lake VIEW Memorial Park 12/15/93 Sykesvill												
						22. NAME AND ADDRESS OF FACILITY HAIGHT FUNERAL HOME (P.O. Box 195) Sykesville, MD 21784 (410)-795-1400					•		
IFICATION	23. PART I. Enter the diseases, or complications this caused the ahock, or has t failure. List only one cause on each IMMEDIATE CAUSE (Final disease or condition resulting in death)					the mo	de of dy	ing, suc	h ss cardi		itory sr	rest,	Approximata Interval Between Onset and Death
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING					U	uf	a	me	fas to	an	ig	
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):											

DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)

29a. CERTIFIER (Check only	1 🗆	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
one)	2 🗌	MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the co

euse(s) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER

DE TOTAL	7	
O. NAME AND ADDRESS OF PERSON THO	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	
SALVACION	A. Dupaya 4.0.	
1. DATE FILED (Marith, Day, Year)	32 REGISTRAR'S SIGNATURE KALL	

281, LOCATION (Street and Number or Rural Route Number, City or Town, State)

29d. DATE SIGNED (Month, Page 2



STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT CERTIFICATE		MENTAL HYGIEI REG. NO	IL -	3 36217		
- 1	1. DECEDENT'S NAME (First, Middle, Last)	****** 1	DECCORTN	TD	2. DATE OF DEATH MONTH	DAY Y	3. TIME OF DEATH		
	John Recco	bin JOHN I	RECCOBIN,	JK.	12	-	9:00 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)		
3	217-12-3432		T YRS.		9/21		Maryland		
CC	9a. FACILITY NAME (If not institution, give s	1	9b. CITY,	TOWN OR LOCATION OF D		9c. COUNTY	Y OF DEATH		
18	RESIDENCE OF DECEDENT	al (enter		By Itimon	e MB	1			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN O	4			10d. INSIDE CITY LIMITS?		
	104. STREET AND NUMBER		13	a /timore	TIP CODE 10g. CITIZEN OF WI				
RAL		and And		101. ZIP CODE 2/2	10.6				
FUNER	4366 54ahr	12. WAS DECEDENT EVER IN U.S.	ARMED 13. V	MAS DECENDENT OF HISPA		U.S	. RACE — American Indian,		
	1 Never Married 2 Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	□NO II	yes, specify Cuban, Mexico	an, Puerto Rican, etc.)		Black, White, etc.		
D BY	3 Widowed 4 Divorced		rmy				white		
ETEL	15. DECEDENT'S EDUC (Specify only highest grade	completed)	(Give kind of work done of life. Do NOT use retired.)	CUPATION Juring most of working	16b. KIND OF 8	USINESS/INDUS	STRY		
	Elementary/Secondary (0-12) High School	College (1-4 or 5+)	í	Secretary	Asnha	1t Se	rvice Co.		
COMP	17. FATHER'S NAME (First, Middle, Last)		orporace		AME (First, Middle, Maide		11100 001		
10 111	John Reccobin	, Sr.		Flore	ence				
TO B	19a. INFORMANT'S NAME (Type/Print)			(Street end Number or Rural					
be no	Walter Gregus						e, Md 21206		
must	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rem	oval from State 20b. PLA	CE AND DATE OF DISPOSI crematory or other plece)	TION(Neme of Crematory	DATE 20c. L	OCATION - CIT	y or Town, State		
	4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE/LIC					2 Dar	21222		
examiner	21. SIGNATURE OF FUNERAL SERVICE/LIC	R. Phillip	STacks	Radley-As	hton Fun	eral.	Home, INc.		
	23. PART i. Enter the diseases, or o								
nt, the medical	shock, or heert fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Congesty DUE TO JOR AS A CON	line.			printerly arres	t, Approximate interval Between Onset and Death		
event,		DUE TO OR AS A CON	SEQUENCE OF):						
traumatic en	Sequentially list conditions,	bDUE TO (OR AS A CON	SEQUENCE OF):						
AT TA	If any, leading to immediate cause. Enter UNDERLYING						9		
TIFIC O	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CON	SEQUENCE OF):						
	resulting in death) LAST	d							
ny Injury, o	PART II. Other significent condition	s contributing to deeth but no	ot resulting in the un	derlying ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS		
	Mitma!	Regurgitation	on		1 _ YES	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
shows any : MEDIC	Premator	e Ventrianl	w Bents	+			1 TES 2 NO		
23 sh		mion Fascien	lan block						
IMPORTANT: If Item 28 is marked, or Item 23 shows any O BE COMPLETED BY PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHER	26. PLACE OF DEATH (C	heck only one)				
IYS	1 TYES 2 NO 27. MANNER OF DEATH	1 Nonpetient 2 ER/Outpetient 28e. DATE OF INJURY	t 3 DOA 4 Num	ing Home 5 🗆 Residence					
marked, or BY PHY	1 Natural 5 Pending	(Month, Day, Year)	28b. TIME OF INJURY M	26c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJUHY OCCU	HED		
S mar	2 Accident Investigation 3 Suicide 8 Could not be	26e. PLACE OF INJURY — A	t home, term, street, facto		281. LOCATION (Street	t end Number or	Rural Route Number,		
111 es	4 Homicide 8 Could not be determined	building, etc. (Specify)			City or Town, Stai	(a)			
ANT: If Item 2	29a. CERTIFIER 1 CERTIFYING PHYSI	ICIAN: To the best of my knowledge	, death occurred at the 1	me, date end place, end du	e to the cause(e) end m	anner ee stated			
M M	000)	R: On the beele of examination end							
D BE CO	296. SIGNATURE AND TITLE OF CERTIFIE	21/1	_	29c, LICENSE NU	MBER	29d. DATE S	SIGNED (Month, Day, Yeer)		
B S	Chist 11	Celle	2 ml	2		•	12/8/93		
일	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALLE OF DEATH ((ITEM 27) (Type, Print)				11		
	24 DATE EN ED 444- D	200 00000000000000000000000000000000000							
	DEC 1 3 1993	30 REGISTRAR'S SIGNATUR	and M.						
11 3	1 DEOT 0 1227	17							

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within, a rious after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 U YES 2 NO COMPLETION OF CAL	1. DECEDENT'S NAME (First,		Cas		SH		100			2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATN
215-07-7443 180 x 2 7 4 yrs. Some six Some si										12	8	, , ,	
A CONSTRUCT MANE (Figure Most planting) and and manabory plant of manabory plant and manabory plant of manabory plant and manabory plant of manabory plant and manabory plant of manabory plant planting		ER										6. BIRTI Count	NPLACE (State or Foreign
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Binnersery Security & College (14 or 5+) 10. RECORDITY & DUBLE grade completed Binnersery Security (12) 11. ROTHER'S HAME (Fig. Mode), Last 12 13. ROTHER'S HAME (Fig. Mode), Last 14 15. ROTHER'S HAME (Fig. Mode), Last 15. ROTHER'S HAME (Fig. Mode), Last 15. ROTHER'S HAME (Fig. Mode), Last 16. ROTHER'S HAME (Fig. Mode), Last 17. ROTHER'S HAME (Fig. Mode), Last 19. ROTHER'S HAME (Fig. Mode), Last 19. ROTHER'S HAME (Fig. Mode), Last 19. ROTHER'S HAME (Fig. Mode), Last 19. ROTHER'S HAME (Fig. Mode), Last 19. ROTHER'S HAME (Fig. Mode), Last 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode) 19. ROTHER'S HAME (Fig. Mode), Mode) 19. ROTHER'S HAME (Fig. Mode) 19. ROTHER'S HA	1 Never Married 2 🛣	Married	FORCES?	YES .	2 NO	7 1 3	If yes, s	pecify Cube	n, Mexico	en, Puerto Rican, etc.)		Blac	k, White, atc.
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The problem of the pr				+)	(Give kind of life. Do NOT u	work done se retired.)	during r	ost of worki	ng				
18. MOTHER'S NAME (First, Modde, Maider Sumanne) 19. MATY MCDETION					Fir	eman				Ba1t	imore	Cit	v
198. MALINIG ADDRESS (Street and Number or Rural Rouge Number. City or Yours, State, Zip Cody) Jeannine Scally	17. FATNER'S NAME (First, M.	iddle, Last)						18. MOT	NER'S NA				
Time Marker State Time	John Joseph	Scall	-У					Ma	rv M	CDermott			
200. PLACE AND DATE OF OISPOSITION 200. PLACE AND DATE OF OISPOSITION Name of dendaliny, correctly of other pieces) 200. PLACE AND DATE OF OISPOSITION Name of dendaliny, correctly of other pieces) 21 1 22 21 1 22 21 22 22 23 24 24 25 25 26 26 26 26 26 26					19b. MAILING	AODRES	S (Street				Town, State, 2	(ip Code)	
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13 Burl 2 Chremeton 3 Removal from State Complete Comber Specify Cathedral Cemetery 2/11 Raltimore Md.	20e. METHOD OF DISPOSIT	ON		20b. PL					4u 9		_		own. State
22. NAME AND ADDRESS OF PACILITY SEETLING AShton Funeral Home 736. EdmondsonAve Balto, Md 21228 23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Fined diseases or condition as DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			rval from State										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Bat phock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): B. DUE TO (OR AS A CONSEQUENCE OF): 28. WAS CASE REFERENCE TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO CONFIDENCE OF DEATH) 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 28. WAS CASE REFERENCE TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO CONFIDENCE OF DEATH) 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 28. WAS CASE REFERENCE TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO CONFIDENCE OF DEATH) 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 28. WAS CASE REFERENCE TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO CONFIDENCE OF DEATH) 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 28. WAS CASE REFERENCE TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO CONFIDENCE OF DEATH) 1 YES 2 NO DUE TO (OR AS A CONSEQUENCE OF): 28. WAS CASE REFERENCE TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMINATED TO MEDICAL EXAMIN			ENSEE	INew	Carne					LZ/III P	altin	ore,	Md.
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PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATN (Check only one) 27. MANNER OF OEATN 1 Inpettent 2 EN/Outpatient 3 DOA 4 Numbing Nome 5 Residence 6 Other (Specify) 27. MANNER OF OEATN 1 Inpettent 5 Pending 28. DATE OF INJURY 28.	if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju	diate NG			ONSEQUENCE O	F):		467	QUO	loss			
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(Check only one) 2 MEDICAL EXAMINER: On the basis of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner se started. 296. SIGNATURE AND TITLE OF CERTIFIER 296. OATE SIGNED (Month, Day, Year)			building	, etc. (Specify)) troine, term,	ativat, ide	y, on					or nurel	number,
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ALIE	ECTOF	as after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation	m 28 is marked or item 23 shows any injury or other traumatic event the marked eventions must be notified to see

93 36219 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First)						2. DATE OF	DATE OF DEATH MONTH DAY OFFER			3. TIME OF DEATN			
ы	1.	616	MY F.	D. W		0.	SR	•		12	- 9	4	6	06000
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. Id		IF UNDER	YEAR DAYS	IF UNDE	R 24 HRS.	7. DATE OF (Month, D	ey, Ybar)		8: SIRTNPLACE (State or Foreign Country)	
	212-34-50]		1 XM 2 F	5	8 YRS.					01-0	5-35			NY
œ	NORTHWEST			ENMED		96. CITY, TOWN OR LOCATION OF DEATH 96					1121 -1021	BALTIMORE		
DIRECTOR	RESIDENCE OF DEC		PITAL C	ENIER		BA					LT.TW	IORE		
H.	10e. STATE	10b. COUNTY	Y		10c. CIT	c. CITY, TOWN OR LOCATION						10d. INSIDE CITY		
	MD					BALTIMORE					1X YES 2 NO			
FUNERAL	10s. STREET AND NUMBER						10f. ZIP CODE					10g. CITIZEN OF WHAT COUNTRY?		
밀	1925 NORTHBOURNE ROAD 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED					21239						.S.A		
	1 Never Merried 2	Merried	FORCES? 1	YES 2	NO If yes, specify Cuben, Mexican,							- American Indien, White, etc.		
B	3 Widowed 4 Divo	IF YES GIVE WARD OR DATES				1	☐ YES	2 DYNO	Specify				Specify	ACK
COMPLETED	15. DEC	EDENT'S EDU	CATION	16a, D	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. Kill	ND OF BUS	SINESS/INC		
9	Elementary/Secondary (0		College (1-4 or 5	134	le. Do NOT u	e retired.)	arang mo	IST OF WORK	ng					
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	17. FATHER'S NAME (First, M		-							AE (First, Midd	lle, Meiden	Surname)		
BE	WILLIAM 190. INFORMANT'S NAME (7)	SIMMS	5		06. 444.0 (0.10	4000000	(0)		ICY	JOHN				
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	20a. METHOD OF DISPOSIT	ON			AND DATE				AF.	DATE	_		City or Town	
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	23. PART I. Enter the di ahock, or he	seesea, or c eart fallure.	complications the List only-one ceu	it caused the duse on each lin	leath. Do i	not enter 1	he mo	de of dy	ing, such	aa cardiac	or respli	ratory an	reat,	Approximata Interval Between
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AEDICAL	Hyper 7	016219	1 3		1					_ 11	YES 2	1		COMPLETION OF CAUSE OF DEATH?
ME	The Bull	1040	1000 7	line	MUI	EX.			-	_			1	YES 2 NO
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PHYSICIAN	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER				ck only one)				
HYS	1 YES 2 NO		28e. DATE OF		28b. TiM		ng Nom	_		28d, DESCRI		ILIEV OC	CHRED	-
		Pending Investigation	(Month, D	lay, Year)	INJ	URY M	WO	RK? /ES 2		200. 0240111	DE NOW III	JOH! OC	JONED	
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PE	29e. CERTIFIER 1 CERT	IFYING PHYSI	CIAN: To the best of	my knowledge, d	leath occurr	d at the fin	ne, data	end place	, end due t	to the cause(s	a) end man	ner an stat	ed,	
COMPLETED														and menner ee stated.
TO BE C	29b. SIGNATURE AND TITLE	OF CERTIFIER	A VII	Mich	1 1	AM		29c.4JC	ENSE NUMI	BER 177		29d, DAT	E SIGNED (A	Month, Day, Year)
10	30. NAME AND ADDRESS OF	PERSON WN	O COMPLETED CAUS	SE OF DEATH (ITE	EM 27) (Type,	Print)		1)	200	111		0.01	Cor	
	31. DATE FILED (Month, Day,	Mari	12 DECOMP	MIK 6	N	U. V	M	HUU	UCG	t to-	30,	Jee	ary	
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THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a hours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filled within 72 hours after death with the State Dept. of Heath and Mental Hopiere prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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Se. FACILITY NAME (II not institution, give THE UNION MEMOR	STAL HOSP:	ITAL		BAL	TIM	ORE (CITY	EATH		9c. COL	INTY OF C	DEATH
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	TV.		100 00	TY, TOWN O	D LOCAT	PIEDA!						Last management
Maryland				timor		ION						10d. INSIDE CITY LIMITS? 1 X YES 2 NO
700 W. 40th Stree	t					1211	E					States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	NT EVER IN U.S I YES 2 WAR OR DATES	X)NO	1	f yee, sp	ENDENT Cook	n, Mexica	in, Puerto	N? (Specify Y Rican, atc.)	ee or No	Blac	E — American Indian, ik, White, etc.
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17. FATHER'S NAME (First, Middle, Last)						Think of the Co.			Middle, Maide			
John Sloane						Catl	neri	ne W	ielins	ski		
19a. INFORMANT'S NAME (Type/Print)									nber, City or To		p Code)	
Rob Ross Hendrick	son, Esq.	•	309 Ca	thedra	l St.	. Balt	imore	e, Mai	ryland	21201		
20e. METHOD OF DISPOSITION 1 Burtal 2 Cremation 3 Bar 4 Donation 6 X Other (Specify)	noval from State		CEAND DATE COMMETCH OF				12/	13/9		timo:		own, State Maryland
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23. PART I. Enter the diseases, of shock, or heert fellure immediate cause (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions in death initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation investigation determined	Complications the List only one cau a.	ent caused the use on each to come and a cold to come a cold to come a cold to come a cold to come a cold to come a cold to come a cold to come a cold to come a cold to come a cold to cold t	A death. Do line. SEQUENCE (SEQ	a 22.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	NAME AI AND AND AND AND AND AND AND AND AND AND	g cause g ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D ACE OF D	given in	Part I. eck only of time, date	InC. Ball diac or rea 24a. WAS A PERF(1 YES ar (Specify) SCRIBE HOW	N AUTOPSY PRIMEO? 2 NO 4 INJURY OCCUPANT AND AUTOPSY PRIMEO? 2 NO 5 INJURY OCCUPANT AND AUTOPSY PRIMEO? 2 NO 5 INJURY OCCUPANT AND AUTOPSY PRIMEO? 2 NO 5 INJURY OCCUPANT AND AUTOPSY PRIMEO? 3 INJURY OCCUPANT AND AUTOPSY PRIMEO? 3 INJURY OCCUPANT AND AUTOPSY PRIMEORY PRIMEO	24b	D 21214 Approximate Interval Betw Oneet and D /2 / 7 /2 / 5

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93 36221 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR	STATE OF MARYL	LAND / DEPARTM CERTIFIC			MENTAL HYGI		93 36221
1. DECEDENT'S NAME (First, Middle,	Woods				2. DATE OF DEATH	H DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 5 7 7 - 22 - 95 9 9a. FACILITY NAME (If not institution,	78 1 XM 2 🗆 F	69 YRS. MOI	HUNDER 1 YEAR DAYS b. CITY, TOWN O	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year 12/2	7/23	S. Carolina Ty OF DEATH
RESIDENCE OF DECEDEN	edical Center			more			10d. INSIDE CITY
M D. 100. STREET AND NUMBER			=1Kr			10a. CITIZI	LIMITS? 1 YES 2 NO EN OF WHAT COUNTRY?
G7 16 A	SPERN PR	IN U.S. ARMED	13. WAS DEC	2122 ENDENT OF HISPAI	LNIC ORIGIN? (Specify		U.S.
1 Never Married 2 Married 3 Widowed 4 Divorced		2 NO		ecity Cuban, Maxica	an, Puarto Rican, etc.)	4. RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	S EDUCATION (grade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	k done during mos stired.)	N st of working	16b. KIND OF	BUSINESS/INDUS	STRY
12th 17. FATHER'S NAME (First, Middle, Las	st)	Nursin	g		AME (First, Middle, Mei	iden Sumame)	
19a. INFORMANT'S NAME (Type/Print)	The state of the s						
Bertha H. W	20b	b. PLACE AND DATE OF D	DISPOSITION (Na	me of	e Balto.	LOCATION - CH	
4 Donation 5 Other (Specify) 21. SIDNATURE OF FUNERAL SERVICE	CE LICENSEE	Teadowrid	22 NAME AN	ID ADDRESS OF EA	ACH ITY	Balto 21-27 1	.,MD. N.Monroe ST. D. 21217
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	G	A CONSEDUENCE OF): A CONSEDUENCE OF):	Acci	dent			Interval Betwee Onset and Deat
PART II. Other algorificant conce	1 Interestion	out not resulting in ti	he underlying	cause given in	PER	S AN AUTOPSY RFORMED?	24b. WERE AUTOPSY FINDINGS AMILIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?				ACE DF DEATH (Ch	heck only one)		
1 - YES 2 NO 27. MANNER OF OEATH	1 Inpatiant 2 ER/Outp		F 28c, INJU		6 Other (Specify) 28d. DESCRIBE HO		IRED
1 Naturel 5 Pending 2 Accident investigs 3 Suicide 6 Could no 4 Homicide determin	ot be 26s. PLACE OF INJURY building, etc. (Spec	Y — A1 home, farm, stree		/ES 2 NO	261. LOCATION (Str.) City or Town, St		r Rural Route Number,
	PHYSICIAN: To the best of my know AMINER: On the basis of examination						
296. SIGNATURE AND SWICE OF CERT	Much	- MD		29c. LICENSE NUI			81GNEO (Month, Day, Year) 12 /08/93
301 St Pa	on who completed cause of de	Balto N		21202			
DEC 1319		IATURE					

ITEMS: 23 PART I, 27, PER MEO FILM G-706 12/17/93 t.t

93 36222 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAN				RIJE	ICATE OF	DEALL		REG. NO			
1. DECEDENT'S NA	ME (First, Middle, Last		PLEWHITE				MONT			YEAR	TIME OF DEATH
4. SOCIAL SECURI		5. SEX	6. AGE (In yrs. lest	hirthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	11 7 DATE	OF BIRTH			CE (State or Foreign
242-84-	671.1.	1 M 2 F	44	YRS.	MONTHS DAYS	HOURS MIN.	(Mont	h, Day, Year)		Country)	
		street and number)	* *		9b. CITY, TOWN	OR LOCATION OF		28.1		W11:	son Co.
C DOTNICE	DDINGE CEOPCES CENEDAL MOSDITAL CHEVEDLY DEL										EORGES
100. STATE	F DECEDENT			10c CITY	Y, TOWN OR LOC	ATION				I 10.	J. INSIDE CITY
RESIDENCE CO 100. STATE Maryla: 100. STREET AND I		nce Georg	ge			Heights	Mar	yland	10g. CITIZE	1,5	LIMITS? YES 2 NO COUNTRY?
# 1421 FT	cwood La	ne							U.S.	٨	
11. MARITAL STATU 1 Never Merried 3 Widowed 4	2 X Married	12. WAS DECEDEN	TEVER IN U.S. ARM YES 2 AND WAR OR DATES	IED)	If yes,	ECENDENT OF HISP specify Cuben, Mexics S 2 NO Specific	can, Puerto			4. RACE — Black, W Specify:	***
(S)	15. DECEDENT'S ED		18e. DEC	EDENT'S	USUAL OCCUPATION OF MAIN OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OF MAIN OCCUPATION OCCUPATI	TION	16b	. KIND OF BU	SINESS/INDU	STRY	Black
Elementary/Sec		College (1-4 or 5	Ma I	Do NOT us	e retired.)	nost or working					
Grade 17. FATNER'S NAME			Mov	ing	Labore	7		Movin		pany	
						18. MOTNER'S N					
100 INFORMANT'S	Applewhi	te	1 (0)	MAN INC	ADDRECT IO			<i>l</i> illia			
0		71 300				end Number or Rura	il Route Num	ber, City or Tow	n, Stata, Zip C	iode)	
	plewhite				rk. NJ	Name of	DAT	E 20c 10	CATION — CI	ty or Town	State
4 Donation 8	ISPOSITION cremation 3 - Rec	moval from State	cemetery, crem	atory or of			DAT				
	FUNERAL SERVICE L	ICENSEE	- I RUST	пач		AND ADDRESS OF I	FACEGRY				27893
N.		6, /	Dusa	,	205	ph Li	Kus	STO	INE	1141	Hom
22 PART I FOR	seg-a	complications the	the same of the same	Ah Da a	do	LW.NO	rlbi	HUCL	1219		Approximate
IMMEDIATE CAL disease or conc resulting in dea	conditions,	b	ARRHYTHMIA (OR AS A CONSEQU								Onset and Da
if any, leading t			(on no n conces	JENOE OF	,						
Sequentially list if any, leading to cause. Enter Un CAUSE (Disease that initiated ev resulting in dea	ents	DUE TO	(OR AS A CONSEQU	JENCE OF	9 :						
DART II Other	ignificant condition	ona contributing to	death but not re	aulting I	n the underlyi	ng ceuse given i	n Part i	24a, WAS AN	AUTOBEV	245 WE	RE AUTOPSY FINDIN
MEDICA								PERFOR	RMED?	CO	ALABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
Z 25. WAS CASE REF	TO MEDICAL	_			-						
EXAMINER?		HOSPITAL:	ER/Outpetlent 3 (DOA	OTHER:	PLACE OF DEATN (C					
25. WAS CASE REF EXAMINER? XIM YES 2 27. MANNER OF DE 1 Netural 2 Accident	ATH 5 Pending Investigation	28e. DATE OF (Month, D	INJURY	26b. TIMI	E OF 28c. II	NJURY AT WORK? YES 2 NO	4	SCRIBE HOW I	NJURY OCCU	RED	
3 Suicide	8 Could not be determined	28e. PLACE C building,	OF INJURY — At horr atc. (Specify)	ie, farm, s	street, factory, of	lice	281. LOC City	or Town, Stete)	end Number o	r Rural Route	Number,
er and		SICIAN: To the best of									d manner es states
	O TITLE OF CRAZE					29c, LICENSE N					onth, Day, Warr
# 1	NA	LXC				O.C.M.	E		▶ 11	1000	993
2 30. NAME AND ADD	HESS OF PERSON W	HO COMPLETED CAU	SE OF DEATH (ITEM	27) (Type,	Print)	310111			227		5.22
LA	MAX	M		11	1 Penn	Street,	Balt	imore,	Mary!	Land	21201
21. DATE FILED /ks			AM'S SIGNATURE								1.7
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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	3 36223
	1. DECEDENT'S NAME (First, Middle, Last)	A ASKEI	W	2. DATE OF DEATH DAY	3. TIME OF DEATH
	226-09-6994	5. SEX 6. AGE (In yrs. leal birthday) 1	IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12 -1-12	BIRTHPLACE (State or Foreign Country)
CTOR	9a. FACILITY NAME (If not inatitution, give aire Singi Hospital RESIDENCE OF DECEDENT	pital	86. CITY, TOWN OR LOCATION OF I	DEATH 9c. CO	UNTY OF DEATH
DIRE	10a. STATE 10b. COUNTY	10c. CITY	y, TOWN OR LOCATION BQ HO		10d. INSIDE CITY LIMITS? 1 \(\sum_{\text{fes}} 2 \sum_{\text{NO}} \text{NO} \)
FUNERAL	100. STREET AND NUMBER 7213 N ALL	er St	101. ZIP CODE 2/2	07	TIZEN OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS t) Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENOENT OF HISP/ If yes, specify Cuben, Mexic 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12)	ATION 18a. DECEDENT'S (Give kind of wife. Do NOT us	USUAL OCCUPATION work done during most of working a retired.)	16b. KIND OF BUSINESS/II	
BE COMF	17. FATHER'S NAME (First, Middle, Last)		11. 10.	IAME (First, Middle, Malden Surname)	
TO B	19a. INFORMANT'S NAME (Type/Print) Helen Dickey	Sun 72	AODRESS (Street and Number or Rura		the md 2/207
	20a METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remon	val from State cemeter rematory or of	MEM Park	14/0/93 Rang	elalls town, and
	21. SIGNATURE OF FUNERAL SERVICE LICE	march	March F. +	4. West	h Aue
	shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition	omplications that coused the death. Do not let only one cause on each line.			Interval Between
N	resulting in death) a. Sequentisity list conditions, b.	DUE TO (OR AS A CONSEQUENCE OF	NCEPHAL VIC SEI	ZURS	15days
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF	ት :		
AL CER	d. PART II. Other significant conditions	contributing to deeth but not resulting i	n the underlying ceuse given in	n Part I. 24s. WAS AN AUTOPS	
MEDICA	SCHIZOR	PHRENIA		PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:	26. PLACE OF DEATH (C	Theck anly one)	
PHYSICIAN:	t YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outpetient 3 DOA 28s. DATE OF INJURY 28b. TIM	OTHER: 4 Nursing Home 5 Residence E OF	6 ☐ Other (Specify) 28d. DESCRIBE HOW INJURY O	CCURED
TED BY	Accident investigation Accident investigation	28e. PLACE OF INJURY — At home, farm, a building, etc. (Specify)		281. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,
COMPLETED		IAN: To the best of my knowledge, death occurre : On the bests of examination and/or investigation			
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME - NO ADDRESS OF PERSON WHO	EDICAL INT	ERN 29c. LICENSE NO	JIMBER 29d. D	ATE SIGNEO (Morith, Day, Year) Dec 49, 1993
	31. DATE FILEO (Month, Day, Year)	22. REQISTRAR'S SIGNATURE	HOSPITH	4	
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or attending physician.	DR After this certificate has seen agreed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
FENCING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	age 5 should be detached for		be notified at once.
nours after death. Page 6 may	d in by the funeral director, p	or removal.	8 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ate be executed within 24 h	hysician and completely filled	the cease was the state their of the sim and Merical Hygiene prior to burial, cremation, or removal.	r traumatic event, the
quires that the death certific	n signed by the attending ph	Health and Meridal Hygiene	ows any injury, or other
ING PHYSICIAN: The law re-	Wher this certificate has been	Seath with the State Dept. or	marked, or Item 23 sh
EM	8	h	20

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF I	EALTH AND I	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, LI MYRON	JOSEP	Н	ASHMAI	1	2. DATE OF DEATH MONTH DEC 9 199		3. TIME OF DEATH 5:15 p
4. SOCIAL SECURITY NUMBER 219-28-7352 9a, FACILITY NAME (If not institution, gr	1 M 2 F 64	E (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/7/1929) MA	THPLACE (State or Foreign Intry) ARYLAND
I JAIR WALMAN DD			BALTIM	OR LOCATION OF DE	Airi	BALTIMO	ŘĚ"
5	TIMORE	BAL	TIMORE	rion			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 4618 TALMAN RD 11. MARITAL STATUS			10	21208		10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAS OR WW I	2 NO	If yes, sp		IIC ORIGIN? (Specify Yer n, Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, stc.
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) GEORGE		16a. DECEDENT'S (Give kind of w. We. Do NOT us ATTORNE	vork done during mo se retired.)		AT LAV	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Lest)	ASHMA	N		16. MOTHER'S HAI	ME (First, Middle, Maiden	Sumame/SYLV	TIA CC
MRS ROMA "AS AMAN"			ADDRESS (Street :		loute Number, City or Tow LTIMORE	n, State, Zip Code) MD 212	208
20s. METHOD OF DISPOSITION Six Burlal 2 Cremation 3 F 4 Donation 5 Other (Specify)	Removal from State	BALTIMORE		ame of	1	CATION — City or STERSTOW	
IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. L U Y	aach line.	6010 I		WN RD. BA	IC. ALTO., M	Approximate Interval Betwee Oneet and Dast
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	е	A CONSEQUENCE OF					
PART II. Other aignificant condi	tione contributing to death	but not resulting i	in the underlyin	g cause given in	Part I. 24e. WAS AN PERFOR	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICA EXAMINER?	L HOSPITAL:		26. P	LACE OF DEATH (Chi	ick only one)		
25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigati	1 Inpetient 2 ER/Ou 25a. DATE OF INJURY (Month, Day, Year)	25b. TIM	4 Nursing Hon E OF 28c. IN.	Ne 5 Residence FURY AT URK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURED	
	be 28e. PLACE OF INJUI	RY — Al home, ferm, a sectly)	street, factory, offic	•	261. LOCATION (Street City or Town, State)	and Number or Run	el Route Number,
e onel —	HYSICIAN: To the best of my known MINER: On the best of examinet						e(a) and manner as stated.
296. SIGNATURE AND TITLE OF CERT TOUR SIGNATURE AND ADDRESS OF PERSON 30. NAME AND ADDRESS OF PERSON	& Suswitt.			D Li LI	- 4	N so lie	D 193
Frank D. H	TH CSALLO	010 000	COURT	Roaz i	Pilesulle	mo	21208
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TO THE HOSPITAL DR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Angela y 31. DATE FILED MONTH, Day, Year, DEC 14 1993

	FOR 1 - STATE REGISTRAR	STATE OF MARYLANI		IT OF HEALTH AND E OF DEATH	MENTAL HYGIENE REG. NO.	93 36225
	1. DECEDENT'S NAME (First, Middle, Last)	s Aller			2. DATE OF DEATH DAY 20	3. TIME OF DEATH 805 M
	4. SOCIAL SECURITY NUMBER 242-30-631	1 0 M 2 U F 7	YRS. MONTHE		7. DATE OF BIRTH (Morth, Day, Year) 2 28 22	BIRTNPLACE (State or Foreign Country)
TOR	SINGLE OF DECEDENT	tal	9b. CI	Baltimore	A 4 4	UNTY OF DEATN
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TOWN	OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER			101. ZIP CDDE	10g, Ct	TIZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FDRCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	I WAS DECENDENT OF NISPA If yes, specify Cuban, Maxic 1 YES 2 NO Speci		14. RACE — American Indian, Black, Whita, etc. Specify: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	a during most of working	16b. KIND OF BUSINESS/II	NDUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S N.	AME (First, Middle, Malden Surname)	
TO 8	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING ADDRE	SS (Street and Number or Rural	Route Number, City or Town, State, 2	Zip Code)
	20a. METHOD OF DISPOSITION 1	oval from State cemetery	CEAND DATE OF DISPO		DATE 20c. LOCATION -	- City or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE LIC	Ronald Wad	de, Dir		State An noreSt,Balto	
	23. PART I. Enter the diseases, or coshock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Acute Re	ine.	artha mode of dying, au	ch as cardiac or respiratory a	Approximate interval Batween Onset and Death 32WKS
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A COL	neur	nomia		32WKS
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A COM	NSEQUENCE OF):			
MEDICAL	Cerebral Vasc Aren Disea	e contributing to death but n	1	underlying cause given in	1 Part I. 24a. WAS AN AUTOPS PERFORMED? 1 VES 2 (1) NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 YHD	HOSTTAL: 1 Suppliert 2 ER/Outpetter	ОТН			
	27. MANNER OF DEATN 1 Section 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW INJURY O	CCURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a, PLACE OF INJURY — A building, atc. (Specify)	it home, farm, street, fa	Cotory, office	281. LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,
COMPLETED	ana)				e to the cause(e) end manner as st e time, date end place, and due to	tated. the ceuse(s) and manner se stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIEF	DA, MA		29c. LICENSE NU	MBER 29d, O/	ATE SIGNED (Month) Day, Year)

MPLETED CAUSE OF DEATH (ITEM 27) (TYPE PRINT)

1518 Paul

32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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93 36226 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Lost) Margare 7		ELEANOR	ADAM	15	2. DATE O	OF DEATH 1	4	3	12:50
	4. SOCIAL SECURITY NUMBER 2 1 2 0 5 1 2 7 0 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 🕦 F	75 YRS. MO	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	4-	Dey: Year) 1-18		Mars	(State or Foreign
TOR	Northwest Hos			b. CITY, TOWN OF	R LOCATION OF D	DEATH	E.E	Balt:		Coun
DIRECTOR	Maryland Bal	timore	10c. CITY, T	Balti						INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 3415 Fairvie	ew Road		101.	ZIP CODE 2 1	207	The		JSA	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spec	ENDENT OF NISPA city Cuben, Maxic 2 NO Speci	an, Puerto R		or No.— 14	Black, White	merican Indian, a, atc. White
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (9-12)	ICATION (completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use re	k done during most				siness/mous		
COMPLETE	1 2 17. FATHER'S NAME (First, Middle, Lest)		Teller		18. MOTHER'S NA		Tel	ephon		
ш	Adam Raymond	Childs			Virgin					
TO B	19a. INFORMANT'S NAME (Type/Print)		196. MAILING AD	DRESS (Street and	nd Number or Rural					
-	Barbara Mc Kn	ight	8929	Dogwoo	d Road	l,Bal				
	20a. METHOD OF DISPOSITION 1		D. PLACE AND DATE OF E netery, crematory or other		ne of	DATE	20c. LO	CATION — City	or Town, St	eta
	MMEDIATE CAUSE (Final	complications that cause List pnly one ceuse on e	d the death. Do not ach line.		Baltimo				t,	2 0 1 Approximate Interval Bets
L CERTIFICATION	shock, or heart tailure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. JOURTH DUE TO (OR AS A DUE	CONSEQUENCE OF):	nomial range for	da of dying, aud	ch aa card	ac or reapl	ratory arreat	t,	2 0 1 Approximati Interval Bett Onset and D
MEDICAL	Shock, or heart failure. MMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. JOURTH DUE TO (OR AS A DUE	CONSEQUENCE OF):	nomial range for	da of dying, aud	ch aa card		AUTOPSY MED?	24b. WERIE AWAIL. COMP DF DE	2 0 1 Approximate Interval Betwoest and D AUTOPSY FIND ROLL PRIOR TO ABILE PRIOR TO LETTON OF CAU
MEDICAL	shock, or heart tailure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Approved to the state of the	A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUENCE OF): Du1 not resulting in the consequence of the conseq	the underlying	ceuse given in	n Part I.	24e. WAS AN PERFOR	AUTOPSY MED?	24b. WERIE AWAIL. COMP DF DE	Approximata Interval Betw Onset and D D D D D D D D D D D D D D D D D D D
PHYSICIAN: MEDICAL	Shock, or heart tailure. MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are supported by the conditions of	a. GOVATUS DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUENCE OF): Du1 not resulting in the consequence of the conseq	the underlying	ceuse given in	n Part I.	24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE AWAIL COMP DF DE 1	2 0 1 Approximate Interval Betwoonset and D Autopsy Findiable Prior to the Caucatter Control of Caucatter Caucatter Caucatter Caucatter Caucatter Caucatter Caucatter Caucatter Caucatter Caucatter Caucatter Caucatter Cauc
ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) PART II. Other aignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	a. GOVERNA DUE TO (OR AS A DUE	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in 1 26b. Time 0 INJURY	the underlying 26. PLA OTHER: Nursing Nome OF 280. INJU WOR 1 YE	ACE OF DEATN (C) TO 5 — Residence STATE OF THE OF	heck only one 6 Other 286, DES	24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	24b. WERE MARL COMP DF DE 1	2 0 1 Approximate Interval Betwoen and D Autopsy Findingle Prior to the Cause Control of Cause Cause Control of Cause C
ED BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditions of the cause of the c	a. Journal Due to (or as a Due	CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): CONSEQUENCE OF): A CONSEQUE	the underlying 26. PLA THER: Nursing Nome PF M 1 YE et, factory, office	ACE OF DEATN (CI	heck only one 6 Other 284. LOCA City o	24e. WAS AN PERFOR 1 YES 2 (Specify) CRIBE NOW II	AUTOPSY MED? NO NJURY OCCUR	24b. WERE AMAIL COMP DF DE 1 □	2 0 1 Approximata interval Betw Onset and D autopsy Finol Able Prilor to Letion of Causath? yes 2 \(\text{No.} \) No
D BY PHYSICIAN: MEDICAL	Shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the conditions of the conditions of the cause of the c	a. DUE TO (OR AS A DUE TO (OR	CONSEQUENCE OF): CONSEQUENCE	the underlying 26. PLA THER: Nursing Nome PE 28c. INJU Y M 1 Yt et, factory, office at the time, data at in my opinion, de-	ACE OF DEATN (CI	heck only one 6 Other 284. LOCA City o	24e. WAS AN PERFOR 1 YES 2 (Specify) CRIBE NOW II	AUTOPSY MED? NO NJURY OCCUR	24b. WERE AMAIL COMP DF DE 1 □	2 0 1 Approximate interval Bett Onset and E Autropsy Find ABILE PRIOR TO LETION OF CAU AITH? YES 2 NO

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	CONTROL OF STREETING PROPERTY THE Last Asset the death of the street of

	1. DECEDENT'S NAME (First	,	.1	20					2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEAT
	BEA	TRIC	E AB	KAM	75					3	93	0823
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YE	AR IF U	MDER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Fo
	066-38-0		1 □ M 2 🔀 🏋	81	YRS.	MONTHS DO	WS HOU	ANS MINTE.	NOV . 19	1912	Ma	ssachus.
m	9a. FACILITY NAME (# not							CATION OF D	EATH	1	INTY OF E	
ē	Anne Aruno		edical (enter		Anna	bo ₁ 1	LS		An	ne .	Arundel
DIRECTOR	10a. STATE	10b. COUNT				Y, TOWN OR L						10d. INSIDE CITY
	MD	Anne	Arundel		Anna	apoli	S					1 YES 2
₹ 3	100. STREET AND NUMBER						101. ZIP		1	10g. CIT		WHAT COUNTRY?
FUNERAL	901 Boom V	vay						2140			U	SA
5	11. MARITAL STATUS 1 Never Married 2	Married		YES 2X	ARMED NO	13. WAS	DECENDE s, specify (NT OF HISPA Cuban, Mexico	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	fes or No-	Blac	E — American India k, White, etc.
B	3 Widowed 4 Div		IF YES, GIVE W	MR OR DATES		10	YES 2 3	NO Specil	у:		Spec	₩: White
B		CEOENT'S EDU		16a. I	DECEDENT'S	USUAL OCCU	PATION		16b. KIND OF E	USINESS/IN	DUSTRY	
	Elementary/Secondary		College (1-4 or 5 +		ille. Do NOT us	work done during retired.)	g most of v	vorking				
COMPLETED	12			Но	usew	ife			Hou	seho	ld	
	17. FATHER'S NAME (First, I						16, 1		ME (First, Middle, Meid	en Surname)		
BE	Charles St	100	ield						a Novak			/
5	The second secon			1					Route Number, City or 1			1 /
	Carol Save					BOOM DEDISPOSITIO			apolis,N		140	
	1 Donation 6 Othe	on 3 🗆 Ren	novel from State	cemetery, o	cremetory or a	ther place)			1	LOCATION —		/
	21. SIGNATURE OF FUNER		CENSEE	Bet	n Mo	SES C		DRESS OF FA		bylo		NY /
	The	1	21	4		Har	dest	y Fu	neral Ho			
-	MOME	O N	Travelle	000					Ave. Ann			MD 2140
	23. PART I. Enter the c shock, or I	neart failure.	List only one cau	se or each in	desth. Do r ne.	not enter the	mode of	f dying, suc	h as cardiac or res	piratory ar	rest,	Approxima
	IMMEDIATE CAUSE (FI	nat	Then	. l. m		0.0	1	10	011	26		Onset and
	resulting in death)	→	DUE TO	OR AS A CONS	EQUENCE	CON PI	u	7 Ju	pply to t	1 4	1	121
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RTIFICATION	Sequentially list condi if any, leading to imme		DUE TO	OR AS A CONS	EQUENCE OF	F):		and		100		
8	cause. Enter UNDERLY CAUSE (Disease or Inj.	ING	dem	pene	leng	Ga	ng	une	of RAL	eg		124
TIFI	that initiated events		O DUE TO	OR AS A CONS	EQUENCE DI	F): /	4		, 0			
CER	resulting in death) LAS	" (. gene	rol	zed	. Cu	her	osci	erases			
, L	PART II. Other signific	ant condition	ns contributing to	death but not	t resulting i	in the under	lying cau	ise given in	Part I. 24a, WAS	IN AUTOPSY	24b	. WERE AUTOPSY FII
3	aculi	ren		ilun	- Ch	len			PERF	ORMED?		COMPLETION OF C
MEDIC	hers	und	raldy	ria					1 □ YES	2 [] NO		OF DEATH?
	0								_		4	
NAI	25. WAS CASE REFERRED	TO MEDICAL				2	6. PLACE (OF OEATH (Ch	eck only one)			
SICI	1 YES 2 NO		HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Nursing	Home 5	Residence	6 Other (Specify)			
2	27. MANNER OF DEATH		28e. DATE OF (Month, D		28b. TIM		. INJURY /		28d. OESCRIBE HOV	INJURY OC	CURED	
Ŧ	1 Netural 5 2 Accident	Pending Investigation				M 1	YES	2 NO				
PHY	g Deutstäte	Could not be determined	28e. PLACE O building,	F INJURY — At I etc. (Specify)	home, farm, s	street, factory,	office		28f. LOCATION (Street City or Town, Ste		r or Rural I	Route Number,
D BY PHY												
ETED BY PHY	4 Homicide	11.700.00007										
PLETED BY PHY	4 Homicide 29a. CERTIFIER (Check only 1 CER		ICIAN: To the best of									
OMPLETED BY PHY	4 Homicide 29a. CERTIFIER (Check only 1 CER								to the cause(s) and n time, date and place,			e) and manner se st
MPLETED BY PHY	4 Homicide 29a. CERTIFIER (Check only 1 CER	DICAL EXAMINI	ER: On the basis of e				on, death o		time, date and place,	and due to t	he cause(d	(Month, Day, Year)

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MAL RECORDS, P.O. BOX 68760,

DIVISION OF TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR. After the filed within 72 hours after deat IMPORTANT: If Item 28 is many

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the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. ours after death. Page 6 may be retained by the hospital or attending physician. w recurs that the death certificate be executed within

	1 - FOR STATE REGISTRAR	STATE OF N	IARYLAND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MENTA	L HYGIENE 9	3	6228	
	BEATRICE	BARNE	TT.			2. DATE	OF DEATH	YEAR 9	3. TIME OF DEATH 23/6 N	
	4. SOCIAL SECURITY, NUMBER 2. 2 - 2 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -									
DIRECTOR	Since HOSPITAL Bultinon, give street and number) Since HOSPITAL Bultinouse, MI									
	Thry and 106. COUNTY 106. CITY TOWN OR LOCATION DATION									
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	TEVER IN U.S. ARMED		Of ZIP CODE 2/2/2 CENDENT OF HISP	S PANIC ORIGINAL	N? (Specify Yes or N	0- 14. RACE	HAT COUNTRY?	
В	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		If yes, (pecify Cuban, Max S 2 MO Spe	Ican, Puerto cify:	Rican, etc.)	Black Specific	White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of	B USUAL OCCUPAT work done during re ise retired.)	ION lost of working	166	Scho	IS/INDUSTRY	Bus	
BE CON	7. FATHER'S NAME (First, Middle, Last)	, C/	ARY		TAU	Vin	Middle, Meiden Sufne	~ 40/s	2,	
1	98. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zigl Code) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zigl Code) 29b. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of State of Code) 20b. PLACE AND DATE OF DISPOSITION (Name of State of Code)									
	1 Burlei 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS, OF FACIOTY 22. NAME AND ADDRESS, OF FACIOTY 23. SIGNATURE OF FUNERAL SERVICE LICENSES									
	23. PANT I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
	shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one ceu	se on each line.	^	nrul		Live G		Approximate Interval Between Onset and Death	
NO	Sequentially lies applicance b. Hy per ensire									
CERTIFICATION	if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								70	
ب	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WI								WERE AUTOPSY FINDINGS MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
PHYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:									
BY PHYS	1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNED F DEATH 1 Netural 5 Pending 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY COCURED NUTURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? M 1 YES 2 NO									
	3 Sulcide 6 Could not be 4 Homicide detarmined	28e. PLACE O building,	F INJURY — At home, farm, atc. (Specify)	stroft, topory, of	ice		CATION (Street and N or Town, State)	lumber or Rurel R	loute Number,	
COMPLETED	onel		my knowledge, death occur camination and/or investigati) and manner as stated.	
TO BE	290 SIGNATURE AND TITLE OF CERTIFIES	No	notice N	ND	200 LICENSE N	700	10	. DATE SIGNED	(Month, Day, Year) 10 - 93	

31. DATE FILED (Month, Day, DEC 1 41993

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Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may b	TO THE EUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page he fined within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the (fiedical examiner must be
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31. DATE FILED (Month, Day, Year)
DEC 1. 4

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE Julia Davidson

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 FOR 36229 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR MARY Ruth BESECE 12 93 0650 A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTN (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign DAYS 1 M 2 XF Maryland 213-96-3267 YRS. 28 02/08/65 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR UNIVERSITY MARYLAND SHOCK TRALMA UNIT BALTIMORE CITY RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Anne Arundel Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 403 Orchard Avenue 21225 U.S.A. 12. WAS DECEDENT EVER IN U.S. 48MED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 1 Merried IF YES, GIVE WAR OR DATES BY 1 YES 2 NO Specify 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 12 waitress G&M Restaurant once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) 76 David Arnold Raubach BE Geraldine White notified 19e. INFORMANT'S NAME (Type/Print) 2 403 Orchard Avenue, Baltimore, MD William P. Besece 21225 9 20e, METHOD OF DISPOSITION
1 \(\tilde{O} \) Burial 2 \(\tilde{O} \) Cremation 3 \(\tilde{O} \) Removal from 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Must Glen Haven Memorial Park 12/16 Glen Burnie, Maryland 4 ☐ Donation 6 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNEBAL SERVICE LIEENSEE 22. NAME AND ADDRESS OF FACILITY Ambrose F.H. of Lansdowne 2719 Hammonds Fry. Rd. Lansdowne, MD 21227 Medical 23 PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. **Approximate** Interval Betw IMMEDIATE CAUSE (Final **Onset and Death** the state disease or condition resulting in death) HEDDO INJUNIS event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CONSEQUENCE OF !if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 50 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL any 1 YES 2 NO OF DEATH? shows ; 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATN (Check only one) Item HOSPITAL OTHER: XXXES 2 NO 1 Inpetient XXXIVOutpetient 3 II DOA ng Home 5 🗆 Residence 6 🗀 Other (Specify) 10 27. MANNER OF DEATN 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Naturel 5 Pending M 1 YES AND 12/12/93 BY 1224 A Investigation PASSENGER IN AUTO/TRUCKIMPACT 2 M Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 ls 6 Could not be determined COMPLETED 4 Nomicide STREET WASHINGTON BIMD AFTER 195 FXTT 29e. CERTIFIER

(Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(s) and manner as stated. DEMEDICAL EXAMINER: On the beste of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 296. NONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Krell Williams O.C.M.E. 12/13/93

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	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
2	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	after death. Page 6 may be retained by the hospital or attending physician.
47	FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IM	PORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF H		ENTAL HYGIEN	/ .	36230	
	1. DECEDENT'S NAME (First, Middle, Last) ALBERT	B. 1	BERESI	01			10 19	S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-10-7564	1X M 2 - F 7	AGE (In yrs. lest birthday) 74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Mar) NOV 12,		BIRTHPLACE (State or Foreign Country) MARYLAND	
TOR	NORTHWEST HOSPITAL CENTER			PANDALI	STOWN	тн	BALTII		
BY FUNERAL DIRECTOR				Y, TOWN OR LOCATION TIMORE			34	10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	10a. STREET AND NUMBER 3637 GLENGYLE AVE APT. 5-A			101	101. ZIP CODE 21215			10g. CITIZEN OF WHAT COUNTRY? USA	
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES X		If yes, spe	13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify If yes, specify Cuban, Maxican, Puerto Rican, etc.) 1 YES NO Specify:				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of the life. Do NOT use) PROPRIE		nn st of working	166, KIND OF BU	SINESS/INDUST		
COM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME	E (First, Middle, Maiden			
BE (JACOB BERE	ESONSKY	401- 1441 110	1000000	KATIE			EVIN	
2	MRS SHIRLEY BERESO	M			and Number or Rural Roo				
	209. METHOD OF DISPOSITION	eoval from State	20b. PLACE AND DATE			4	CATION - City	21215 or Town, State	
	4 Donation 6 Other (Specify)		BETH JACC	DB 12/12	2/93 ND ADDRESS OF FACIL		KSBURG	MD	
	Den Als	w Zee	ue	SOL LE	EVINSON & REISTERTON	BROS., I		MD 21215	
NO	23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. Sep	as a consequence o			aa cardiac or reap	iratory arrest	Approximate Interval Batween Onset and Death	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):								
AL	PART II. Other algnificant condition SEIZURE D RENAULYST.	CAPTURE	- Colos	In the underlying TOMY TOCKLT	cause given in Pr	art I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMRIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)								
BY PHYSICIAN: MEDIC	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJU (Month, Day, Y	URY 285, TIN	OTHER: 4 Nursing Hom IE OF 28c. INJ	PRK?		INJURY OCCUR	ΙΕD	
	7 Accident 3 Suicide 4 Homicide 6 Could not be determined M 1 YES 2 NO 28. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, fectory, office 28. PLACE OF INJURY — At home, farm, street, fectory, office City or Town, State)						Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.								
BE	296. SIGNATURE AND TITLE OF CERTIFIES	n lo			29c. LICENSE NUMB	333	≥ De	IGNED (Month, Day, Year)	
.to	30. NAME AND ADDRESS OF PERSON WIN	CO, NHO	C. BA	Print)	MD 21	133			
	DEC 14 1993	32. SEGISTRAR'S	SIGNATURE			13991			

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29b. SIGNATURE AND TITLE OF CERTIFIER

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PITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within caus after death. Page 6 may be retained by the hospital or attend	#FRALCORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	min 72-hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
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36231 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH TSRAEL 12 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (Sta 87 1 M 2 D F DAYS 262-70-8498 HOURS MIN. YRS. 1/20/1906 LITHUANIA Sa. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c COUNTY OF DEATH NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO 10a. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3805 MIDHEIGHTS AVE 21215 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FUNCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES If yes, specify Cuben, Mexican, Puerto Rid 1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced WHITE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) ASSISTANT MANAGER RETAIL notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First Middle Maiden Surname) BALES CHAIM TELTA BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) BALTIMORE, MD DAVID BALES 3805 MIDHEIGHTS RD 21215 66 METHOD OF DISPOSITION
4 Burlel 2 Cremetion 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, Stata RADOMER VEREIN 4 Donation 5 Other 12/12/93 ROSEDALE, 21. SIGNATURE OF FUNES 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERTOWN RD. 21215 BALTO. complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, 23. PART I. Enter the diseases, or complications that caused the de-ahock, or heart failure. List only one cause on each line. Approximate Interval Batween Onset and Death IMMEDIATE CAUSE (Final TANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the disease or condition ACUTE MyoCARDIAL CAPARETION reaulting in death) COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Antenios Clinotió AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 | YES 2 | NO 1 Inpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be 4 Homicide

10 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the bagic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 019502 -10-MID 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GRATH (ITEM 27) (Type, Print NONTHWEST HOSPITAL CONTRE CONTWAN DHMH-16 Rev 1/89

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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALI		AL HYGIENE REG. NO.	93 36232		
	1. DECEDENT'S NAME (First, Middle, Lest)	Johanna Barber					YEAR 93 M		
	4. SOCIAL SECURITY NUMBER 212→74→2176	1 M 2 X F 7		IF UNDER 1 YEAR IF UN KONTHS DAYS HOUR	R MIN (Mo		B. BIRTHPLACE (State or Foreign Country) Holland		
TOR	9a. FACILITY NAME (If not institution, give street and number) 28 Lombardy Drive Dunda RESIDENCE OF DECEDENT								
DIRECTOR	10s. STATE 10s. COUNT	Baltimore	10c. CITY,	TOWN OR LOCATION	Dundalk		16d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 28 Lombardy Dri				21222		ited States		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 X NO		iben, Mexican, Puert		14. RACE — American Indian, Black, Whita, atc. Specify: White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use	rk done during most of wo	orking 1	66. KIND OF BUSINESS/INDU	STRY		
MP	10th Grade	Grade Homemaker				Own Home			
00	17. FATHER'S NAME (First, Middle, Last)			18. M	18. MOTHER'S NAME (First, Middle, Meiden Surname)				
E E	Martinus Boere	n.			Maria Go				
0	19e. INFORMANT'S NAME (Type/Print)					imber, City or Town, State, Zip C	(ade)		
	Robert M. Barb					NE 68114			
	20a, METHOD OF DISPOSITION **XZBurlal 2	noval from State 20b.	etary, crematory or other	DISPOSITION (Name of place)		TO 2 Part in			
	21. SIGNATURE OF FUNERAL SERVICE LA		Jur Lawn	Cemetery 22. NAME AND ADD		1995 Baccon	ore, Maryland		
	Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue Dundalk, Maryland 21222								
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								
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CERTIFICATION	CAUSE. (Disease or injury that initiated events resulting in death) LAST								
E	resulting in death) LAST	d							
PHYSICIAN: MEDICAL C	PART II. Other eignificant condition	na contributing to death b	ut not resulting in	the underlying ceus	e given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
N N	25. WAS CASE REFERRED TO MEDICAL			26. PLACE O	F DEATH (Check only	nnel			
SIC	EXAMINER?	HOSPITAL:		OTHER:					
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	OF 28c, INJURY AT	28d. 0	DESCRIBE HOW INJURY OCCU	IRED		
	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						r Rural Route Number,		
COMPLETED	and and	ICIAN: To the best of my knowless: On the besis of examination					d. cause(s) and manner se stated.		
8	29b. SIGNATURE AND TITLE OF CERTIFIE	02		29c. l	D 14 2	2/ 29d. DATE	SIGNED (Month, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON W	Form 22	ATH (ITEM 27) (Type, F		t ay 2	122/			
	31. DATE FILED (Month, Day, Year) DEC 1 4 1993	32. REGISTRAR'S SIGN.	ATURE ATURE						

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FOR STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 93 12 10 JOHN ROBERT BADER 11;46 P M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7 DATE OF BIRTH B. BIRTNPLACE (State or Foreign HOURS 195-26-6323 58 MONTHS DAYS 1 M 2 F 1935 PENNSYLVANIA YRS. JULY 14, Se. FACILITY NAME (If not institution, give street and number 9b, CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR NORTH ARUNDEL HOSPITAL GLEN BURNIE ANNE ARUNDEL Pages 1, 2, RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL GLEN BURNIE 1 TYES 2X NO permit. FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 81.83 TURN LOOP ROAD 21061 U.S.A. **burial-transit** the hospital or attending physician. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 XXVO Specify: 1 Never Married 2 Married Specify: WHITE BY a 3 Widowed 4 Divorced 1953 - 1956use as COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) detached for Coflege (1-4 or 8+) U.S. GOVERNMENT 12 8 ATTORNEY 17. FATHER'S NAME (First, Middle JOHN F. BADER rurs after death. Page 6 may be retained by to in by the funeral director, page 5 should be notified at 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 STACEY L. SWINGLE 101 HUNTINGTON COURT, GLEN BURNIE, MARYLAND 21061 2 20s. METHOD OF DISPOSITION
1 💢 Burlal 2 🗆 Cremation 3 🗆 Removal from State
4 🗋 Donation 6 🗆 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must MD. VETER ANS CEMETERY CROWNSVILLE, MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SINGLETON FUNERAL HOME, llow 1 SECOND AVE., S.W., GLEN BURNIE, MD. 21061 Lummur medical 23. PART il Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory srrest, shock, or heart fallure. List only one cause on each line. filled in by Interval Between 0 Onset and Death IMMEDIATE CAUSE (Final completely filled rial, cremation, c the disease or condition Multiple DUE TO (OH AS A CONSEQUENCE OF): 100 reaulting in death) traumatic event. burial, CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events physician or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST the atten Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL 30 AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE signed | 1 YES 2 NO PES 2 NO been . Dept. PHYSICIAN: 23 has 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) tem OTHER: 1 TYES 2 NO 1 Inpatient 2 ExER/Outpatient 3 IDOA 4 Nursing Home 5 Residence 6 Other (Specify) 0 the 28b. TIME OF P 28c. INJURY AT WORK? 27. MANNER OF DEATH 28e. DATE OF INJURY 28d. DESCRIBE NOW INJURY OCCURED marked, with a DRIVER IN PICKUP TRUCK / TREE IMPACT 12/10/1993 11:00 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident
3 Suicide death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number City or Town, State) -6 Could not be determined COMPLETED DIRECTOR: after 4 Homicide ROADWAY Item 28 STEVENSON ROAD hours 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. FLINEHAL within 72 PORTANT: II 2. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 286. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 38 12/12/1993 O.C.M.E 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) HEUNURE 21201 111 Penn Street, Baltimore, Maryland 32. REGISTRAR'S SIGNATURE

win Deniem R

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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REG. NO.

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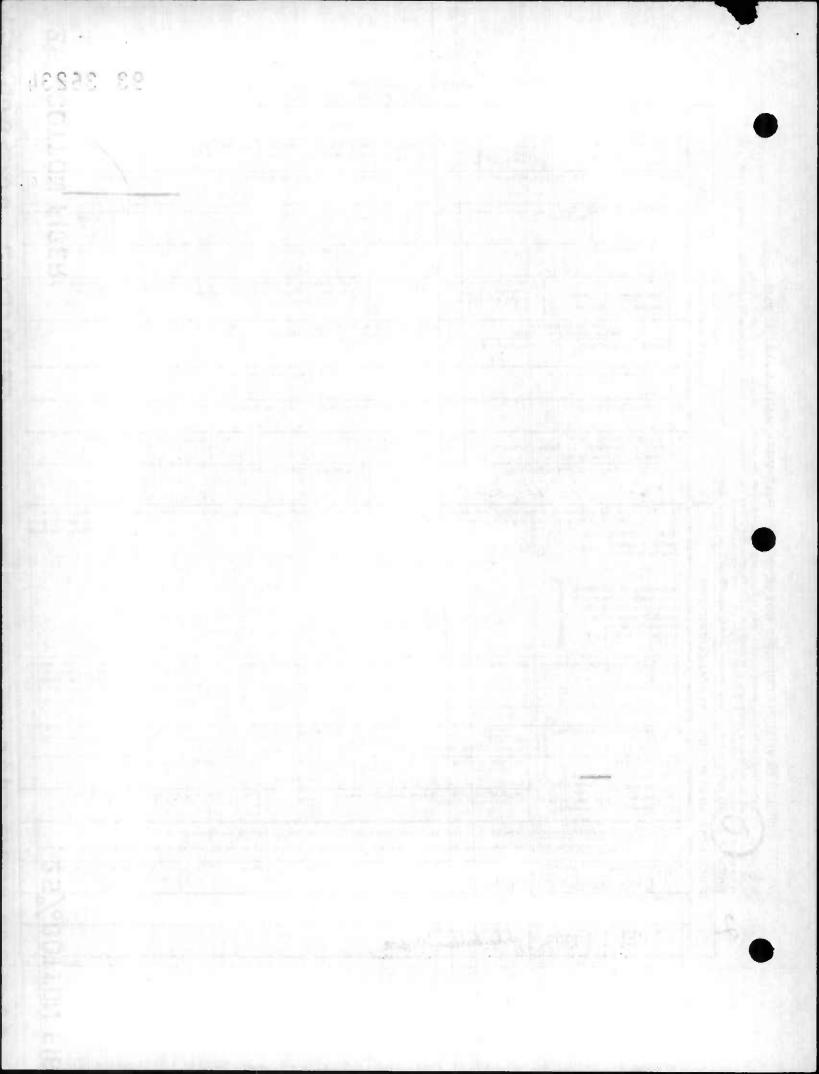
After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the state Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. ELECTION PHYSICIAN THE law requires that the death certificate be executed within

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		CE		ICATE C			RE RE	EG. NO		30	00201
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF D	EATH	AY	MEAG	3. TIME OF DEATN
DANNY	BRUCE			BOON	3		12 1		1993	YEAR	3 • 15∆ M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER 1 YEA			7. DATE OF BI (Month, Day)	FITN		8. BIFTYN Countr	PLACE (State or Foreign
213-50-3769	1 🖾 M 2 🗌 F	45	YRS.	MONTHS DAY	8 HOURS	MIN.	June 1	-	1948		vland
9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY, TOV	N OR LOCATIO	ON OF DE		,			EATH REDERICK CD.
CONTOUR DRIVE.				MT. A	ERY				CARR		COUNTY
10e. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?
Maryland Carr	oll Co.		Mt	. Airy							1 YES 2 NO
10e. STREET AND NUMBER			0		101. ZIP CODE				10g. CIT	IZEN OF W	VHAT COUNTRY?
2680 Walston Rd.				1711111	2177	1			US	A	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1X	EVER IN U.S. ARI					IIC ORIGIN? (Sp		s or No-	14. RACE	— American Indian, c, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	0		rES 2 NO	Specify	n, Puerto Rican, /:	etc.)		Speci	
		lietnam									WILLE
15. DECEDENT'S EDU- (Specify only highest grade		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				g	16b. KIND OF BUSINESS/INDUSTRY				14
Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use retired.)			Pich		d Ame	~100	**	
	years	Dul	lder					-		lica	.n
17. FATHER'S NAME (First, Middle, Last) Carroll Boone							ME (First, Middle Le Wils		Sumame)		
19a. INFORMANT'S NAME (Type/Print)											
							Route Number, Cl	•			
Mrs. Deborah Boon	e					Mt.	Airy,			771	
NXBuriel 2 ☐ Cremetion 3 ☐ Rem	oval from State			of disposition ther place) Church		10	DATE		CATION -		
4 Donation 5 Other (Specify)	PENGEE	Prospe	CE		Cem.	_	-15-93	Mt	. Alr	у, М	laryland
Dolan K	Ander	h		Burr	ier-Qu	een	Funera				P.A. , MD 21784
23. PART I. Enter the diseases, or o	complications that	caused the dea	eth. Do								Approximate
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	. HEAD INJU										Interval Between Onset and Daeth
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if any, leading to immediate cause. Enter UNDERLYING											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d											
resulting in death) LAST	d.										
DARW II Out - 1 - III - 1 - IIII											
PART II. Other algnificent condition	e contributing to c	deeth but not re	eaulting	in the underl	ying cause g	ilven in		PERFO	RMED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
* <u></u>							74				1 YES 2 NO
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EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	fome 5 🗆 Ra	sidenca	K Other (Spe	icity) Z	AT SC	ENE	THE STATE OF
27. MANNER OF DEATN	25a. DATE OF I		28b. TIN	E OF 28c	INJURY AT		28d. DESCRIB				
1 Natural Conding	-11-93	93 1:41 AM 1 YES 2 NO] NO	UNKNOWN					
2 Accident				14114				281. LOCATION (Street and Number or Rural Route Number, City or Town, State) CDNTDUR DRIVE			
4 Homicide detarmined		IND ON STR	EET				MT, AIRY				IVE
29e. CERTIFIER 1 CERTIFYING PHYSI				and at the time	tate and alone						
(Check only one) 2 MEDICAL EXAMINE) and manner as stated.
286 GIGNATURE AND TITLE OF CERTIFIE	1/ 4.				29c. LICE						(Month, Day, Year)
Manate me	your				0.0	C.M.	E.		▶12	/13/	1993
30. NAME AND ADDRESS OF PERSON WH					THE LET						100
Margarita Korell		Penn S			timore	, Ma	ryland	2:	1201		
31. DATE FILED MOOTH DOX (1007)	Julie !	SIGNATURE	nde	_							



DIVISION OF VITAL RECORDS, P.O. BOX 8760, BALTIMORE, MARYLAND 21215-0020	21215-0020	
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death termine a protect within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	If or attending physician,	
E FUNERAL DIRECTOR: After this certificate has been signed by the attendance completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be within 72 hours after death with the State Dest. of Health and Mental House transform burial, cremation, or removal.	for use as the burial-transit permit. Pages 1, 2, 3 should	
probability of the College and the College and the College and the college and the college and the college and		

		Charles Le	slie Br	itting	nam	173	2. DATE OF DEATH MONTH D	1 19	YEAR	DEATH
	4. SOCIAL SECURITY NUMBER 217 84 7405	1X M 2 🗆 F	E (In yrs. leet birthd 34 YR:	B. MONTHS	DAYS H	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 05/16/195		B. BIRTHPLACE (State Country) Maryland	or Foreig
TOR	North Arundel		y, town or location of DEATH en Burnie			Anne Arundel				
DIRECTOR	Maryland Anne Arundel Pasa					N				
FUNERAL	10s. STREET AND NUMBER 919 Dogwood Roa	ad			10f. Zi	21060			J.S.A.	177
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	8 2 XNO	11	yes, specif		IIC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	n or No-	14. RACE — American Black, White, atc. Specify: Whit	
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BE COM		Villiam F. E				Dor	ME (First, Middle, Malden	ght		
٩	190. INFORMANT'S NAME (Type/Print) William Brittin	ngham		DOGWOO			Pasadena,			
	20e. METHOD OF DISPOSITION 1 Serial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	cob. PLACE AND DA cometery, crematory Glen Hav	or other place)					chy or Town, State	v1a
	21. SIGNATURE OF FUNERAL BETWIGE L		ne	22. N G€	orge	J. Gon		. Home	P.A.	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (DR A:	S A CONSEQUENCE	m 0	7/a) n	m8	rolli dal	Our Put	e	
EDICAL CE	PART II. Other eignificent condition	ne contributing to death	but not resulting	ng in the und	derlying c	eause given in	Part I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOP AMILABLE PR COMPLETION OF DEATH?	HOR TO
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YSIC	1 YES 2 D-HD	HOSPITAL: 1 Disputient 2 ER/O	utpatient 3 🗆 DO	OTHER 4 Nurs		5 - Residence	6 Cher (Specify)			
BY PH	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJUR (Month, Day, Year	r)	INJURY M			28d. OEŞCRIBE HOW I	INJURY OCC	CURED	
ETED	3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, etc. (S	PRY — At home, far pecify)	m, atreet, facto	ry, office		281. LOCATION (Street and City or Town, State)		or Rural Route Number,	
COMPLI	000)	ICIAN: To the best of my kn								oo state
U 10-	29b. SIGNATURE AND TITLE OF CERTIFIE	R			2	9c. LICENSE NUN	BER	29d. DATI	E SIGNED (Month, Day,)	
m	30. NAME AND ADDRESS OF PERSON WI	-	5	2		D 3	1322	•	12/13/3	7

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1. DECEDENT'S NAME (First, Middle, Las	_							2. DATE O		DAY	YEAR	3. TIME OF O	EATH
	Margaret Balla								Decem	ber	8 19	993	0640	A
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER 2	HRS.	7. DATE OF	Day Year)		8. BIRT	HPLACE (State o	Foreign
	214-07-6894	1 □ M 2 🂢 F	83	YRS.					Febru	ary	28, 1	910	PA.	
_1	Se. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY, 1	TOWN O	R LOCATION	OF DE	ATH		9c. COL	INTY OF	CEATN	
DIMECTOR	Memorial Hos	pital			Cumbe	rla	nd				A11	Legar	ny	
3	10a. STATE 10b. COUNTY	ITY		10c. CI	TY, TOWN OR	LOCATI	ION						10d, INSIDE C	TV
5	Maryland Alle	cany Co	11 n + 12	0	umbe	~ l a	n d						LIMITS?	
	10e. STREET AND NUMBER	quiry co	uncy		umbe.		ZIP COOE	-			10a, CIT	IZEN OF	WHAT COUNTRY	
FUNERAL	Allegany Nurh	Im Furan	CAS+1	7v+			2.1	502			US			
5	11. MARITAL STATUS	12. WAS OECEDE	NT EVER IN U	.S. ARMED	13. W	AS DECI	ENDENT OF	HISPAN	IC ORIGIN?	(Specify Ye		14. BAC	E — American I	ndlan.
	1 Never Merried 2 Married	FORCES?			lf :	yes, spe	cify Cuban, 2 NO	Mexica	n, Puerto Ric	ann, etc.)		Blac Spec	ck, Whita, atc.	
	3 Wildowed 4 Divorced	HE		No				,					Whit	e
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	12 +			cya.	560	16	cul y		I da	**				
COMPLEIED	17. FATHER'S NAME (First, Middle, Last)						18. MOTNE	R'S NA	ME (First, Mic	idle, Maidei	n Surname)			
2		Pet	enbr:											
2	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (
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	20e. METHOD OF OISPOSITION 1 Durial 2 Cremation 3 Re	moval from State		LACE AND DATE		ION (Ner	me ol		OATE	20c. L	OCATION -	City or T	own, State	
	4 Donation 8 Other (Specify)	I CONTRACT			THE REAL PROPERTY.									
Í	21. SIGNAPORE OF PUNEHAL SERVICE	Rona	1d Wa	ide. Di	Y 22. N/	AME AN	D ADDRESS	OF FAC	St YTLIK	ate	Ana	tom	y Boar	7
- 1	21. SIGNAPUTE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655W. BaltimoreSt, Balto, MD21201											d		
_	23 PART I. Enter the diseases, o ahock, or heart feilun IMMEDIATE CAUSE (Final disease or condition resulting in death)	r complications the	at coused to	he deeth. Do h line.	65	5 W	. Bal	t i m g, suct	oreS			MD2		mate
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	1. DECEDENT'S NAME (First, Middle,					REG. NO. DATE OF DEATH MONTH DA	Y YEA	3. TIME OF DEATH	
		herine Brown				Dec. 10,1		620 P	
	4. SOCIAL SECURITY NUMBER 168-12-8476	1 □ M 2 XXF		F UNDER 1 YEAR RONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) Ec. 17,19	C	HRTNPLACE (State or Foreig ountry) INSYLVANÍA	
NC N	99. FACILITY NAME (If not institution, 2 Latimer Court				LOCATION OF DEATH		Balt	ty of DEATH ltimore	
DIRECTOR	RESIDENCE OF DECEDEN 10e. STATE 10b. CC	T .		TOWN OR LOCATIO				10d, INSIDE CITY	
	MD .	Baltimore		Rosedal	e ZIP CODE		100 CITIZEN	LIMITS? 1 YES 2 NO OF WHAT COUNTRY?	
FUNERAL		rt, Apartment			21237		U.S	3.A.	
ВҰ	11. MARITAL STATUS 1 Never Married 2 Never Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	2 NO	If yes, spec	NDENT OF NISPANIC (lify Cuban, Mexican, P	ORIOIN? (Specify Yes uerto Rican, atc.)		RACE — American Indien, Black, White, atc. Specify: White	
LETED	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	B EDUCATION grade completed) College (1-4 or 6 +)		SUAL OCCUPATION ink done during most retired.)	of working	16b. KIND OF BUS			
COMPL	12th Grade 17. FATNER'S NAME (First, Middle, Les	et)	Clerk		18. MOTNER'S NAME		Dairy	7	
BE CC	Charles E. D					• Connol:			
TO B	190. INFORMANT'S NAME (Type/Print) Thomas FRanci		196. MAILING A 2 Latin	ner Ct.,	Apt. 1A	Number, City or Town Rosedale	, Stete, Zip Cook	and 21237	
	20a. METHOD OF DISPOSITION 113 Burial 2 Cremation 3 C 4 Donation 5 Other (Specify)	Removal from State	b. PLACE AND DATE OF Implery, cremetory of othe Parkwood (DISPOSITION (Name of place) Cemetery	eof		altimor	or Town, State ce, Maryland	
Ţ	21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE A. A.	radue		. Miller,	0.		Lair Road	
	23. PART I. Enler the diseases shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. End Stoo DUE TO (OR AS	each line.				atory arrest,	Approximate interval Betwoonset and Do	
z	Sequentially list conditions,	DUE TO (OR AS	A CONSEQUENCE OF:	Diseos	2			5 years	
FICATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR AS	W COMSECUENCE DE 1:					1 _	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	d. Atual	bulbta	1				Byeas	
N: MEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d. Atroil t	but not resulting in		ceuse given in Par	1 I. 24e. WAS AN PERFOR	MED?	AMAILABLE PRIOR TO	
SICIAN: MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	d. Athere disting to death or disease, Disease,	but not resulting in abeles M	28 PLA	CE OF DEATH (Check	PERFOR 1 VES 2	MED?	AMILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
PHYSICIAN: MEDICAL	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond	d. Attack ditions contributing to death ov disease. Die house death over the deat	but not reaulting in above 5 M	28. PLA OTHER: Nursing Home OF 28c. INJUI	CE OF DEATN (Check	PERFOR 1 VES 2	MED?	COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
SICIAN: MEDICAL	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond COLOMO SCAN 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d. Attacl ditions contributing to death over all the contributing to death over all the contributions and the contribution of	but not resulting in above 5 W tpetient 3 DOA 28b. Time INJUI	26. PLA OTHER: \[\begin{align*} \text{VM Nursing Home} \\ \text{OF} \\ \text{VOR} \\ VM NURS IN JUI WOR JUI WOR JUI WO	CE OF DEATN (Check 5 Residence 6 RY AT 28 8 2 NO	PERFOR 1 YES 2	IJURY OCCURE	AMAILABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO	
ETED BY PHYSICIAN: MEDICAL	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond CALCULATION CONDESS 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investiga Investiga Caudi nd determin Pending	d. Attack dittions contributing to death of the death of	but not resulting in abeles M tpetient 3 DOA (28b. TIME (INJUI) IY — At home, ferm, streedity)	26. PLA OTHER: 6 Nursing Home RY M 28c. INJUI RY M 1 YE reet, factory, office	CE OF DEATN (Check 5 Residence 6 Residenc	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW IN f. LOCATION (Street e City or Town, State)	MED? NO IJURY OCCURE IND NUMber or Re	AMALABLE PRIOR TO COMPLETION OF CAUSO OF DEATH? 1 YES 2 NO	
TED BY PHYSICIAN: MEDICAL	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant cond CALCULATION CONDESS 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investiga Investiga Caudi nd determin Pending	d. Attacl distingtion of the best of my known and the best of my known and the best of a samination of the best of	but not resulting in abeles M tpetient 3 DOA (28b. TIME (INJUI) IY — At home, ferm, streedity)	26. PLA OTHER: 6 Nursing Home OF 28c. INJUI RY M 1 YE reet, factory, office	CE OF DEATN (Check 5 Residence 6 Residenc	PERFOR 1 YES 2 Other (Specify) d. DESCRIBE HOW IN f. LOCATION (Street e. City or Town, State) the cause(e) and man a, date and place, and	MED? NO NO NO NUMPY OCCURE and Number or Ri ner se stated.	AARLABLE PRIOR TO COMPLETION OF CLOOP DEATH? 1 YES 2 N	



1 - STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO

DIRECTOR	4. SOCIAL SECURITY NUMBER	ninan	SHEILA M	RRA1	NICAN	2. DATE OF DEA	DAY	3. TIME OF DEATH			
TOR						12-	08- 93	3			
TOR	4. SOCIAL SECURITY NUMBER 6. SEX 1 □ M 2 K/F		47 YRS.			Children Com. 1	TH (bar)	BIRTHPLACE (State or Foreign Country) MARYLAND			
5 1	9a. FACILITY NAME (If not institution, give FRANCIS SCOTT KE		9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE			9c. COUNTY OF DEATH					
2	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR				16d. INSIDE CITY			
		IMORE						1 TYES 2 N			
FUNERAL	7508 HOLABIRD AT	/ENUE			101. ZIP CODE 21222		10g. CITIZ USA	EN OF WHAT COUNTRY?			
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	H y	NS DECENDENT OF HIS yes, specify Cuban, Ma YES 2 X NO SA	xican, Puarto Rican, e	olfy Yea or No-	14. RACE — American Indian Black, White, etc.			
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S (Give kind of life. Do NOT u	work done dur se retired.)	CUPATION ring most of working		OF BUSINESS/INDU	JSTRY			
- 14	17. FATHER'S NAME (First, Middle, Last) UNKNOWN				18. MOTHER'S UNKNOW	NAME (First, Middle, I					
10 BE	190. INFORMANT'S NAME (Type/Print) MR. EUGENE BRANT	rgan			Street and Number or ReRD AVENUE	ral Route Number, City					
	20a. METHOD OF DISPOSITION 1 Burlal 2 G Cremation 3 Rer		206. PLACE AND DATE	OF DISPOSITI	ION (Name of	DATE 2	Oc. LOCATION — C				
	4 Donation 5 Other (Specify)		REEN MOUN					CITY MD.			
	(Runned	Vaneton			ZOROWSKI 1 DUNDALK			01000			
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	c	S A CONSEQUENCE O		eath			112/2/			
O	PART II. Other significent condition	dns contributing to dest	h but not resulting	in the unde	eriving cause gives	In Part I 24e W	AS AN AUTOPSY	24b. WERE AUTOPSY FIN			
MEDICAL						P	ERFORMED? YES 2 NO	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?			
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER2. MOSERTAL: DESCRIPTION: AND CONTROL OF DEATH (Check only one)										
HYSI	1 VES 2 NO	HOSPITAL: 1 Inpetient 2 ER/C			ng Home 5 - Resider		HOSPI	tal			
	Solicitural S Pending	(Month, Day, Year)	II) IN	JURY	WORK?		NOW INJUNY OCC	UNEO			
0	2 Accident 3 Suicide 8 Could not be detarmined 4 Homicide detarmined 28e. PLACE OF INJURY — Al home, farm, street, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Ni City or Town, State)										
ED BY P		29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.									
ETED BY P	4 Homicide detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CONTROL OF CONTROL OF CERTIFYING PHYSICAL CONTROL OF CERTIFICAL CONTROL OF CERTIFICATION CONTRO							d.			
ED BY P	4 Homicide detarmined 29a. CERTIFIER (Check only) 1 CERTIFYING PHYSICAL CONTROL OF CONTROL OF CERTIFYING PHYSICAL CONTROL OF CERTIFICAL CONTROL OF CERTIFICATION CONTRO	ER: On the beals of examina				The time, data and pl	ace, and due to the				

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THE STREET STREET STREET

BURILTON, 5 17/06/93 NO FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Mide Valerie 2. DATE OF DEATH 3. TIME OF DEATH YEAR A SOCIAL SECURITY NUMBER IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 W Maryland Pages 1, 2, 3 should 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Anne Arundel Medical Center Annapolis Anne Arundel 10a STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Annapolis 1 YES 2 NO Dermit. FUNERAL 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 21403 USA 907 Breakwater Dr. hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It yes, specify Cuben, Mexican, Puerto Rican, atc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married 1 TYES 2 NO Specify Specify: BY 3 X Widowed 4 Divorced White COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) detached for Cosmetic Sales 10th grade Sales Person once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Page 6 may be retained by the 8 To de William Walbrecher Virginia Dixon BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Yourn, State, Zin Code) 2 Chris Surprenant Breakwater Drive Annapolis, MD 21403 9 20s. METHOD OF DISPOSITION
\$\(\) Burlet 2 \quad \text{Cremation 3 } \quad \text{Removal from State} \)
4 \quad \text{Donation 5 } \quad \text{Other (Specify)} \quad 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 12/16/93 Hillendale, MD Moreland Memorial Park 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner ours after death. Johnson Funeral Home Imolera n and completely filled in by the to burial, cremation, or removal. Towson, MD 21286 medical 23. PART I. Enter the diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata shock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Final Onset and Death the disease or condition ____ DUE TO (DR AS A CONSEQUENCE OF): FMWRE event. DIVISION OF VITAL RECORDS, P.O. BOX 68760, that the death certificate be executed within agas traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to HAT STANFORD OF THE CAUSE (Disesse or Injury other DUE TO (OR AS A CONSEDUENCE OF): that initiated events resulting in death) LAST 6 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO ашу Q-WAVE COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO Shows 1 YES 2 NO has been s Dept. of H PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: certificate h OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO patient 2 ER/Outpatient 3 DOA 6 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with with 1 Natural 5 Pending Investigation 1 YES 2 NO BY After 1 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building. atc. (Specify) TO THE HOSPITAL OR ATTENDIN TO THE FUNERAL DIRECTOR: An be filed within 72 hours after de. IMPORTANT: If Nem 28 is 1 3 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 ETED. 6 Could not be 4 Nomicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Homewon

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32. BEGISTHAN'S SIG

31. DATE FILED (Month, Dev.

4 1993

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the most and offer the control of the control of the same requires that the same been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DEC 114 1993

1 : 0	E. R	lackby	-17		1	2. DATE OF	DEATH D		YEAR	3. TIME OF OEATH
20.13			-			12	- 1	2	93	4.55
		3. AGE (In yrs. last birthd	MONTHUE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	y, Year)		Count	
410 01 -112	□ M 2 XF	65 YR					24,1	928		
Se. FACILITY NAME (If not institution, give street	et and number)		9b. CIT	TY, TOWN OF	R LOCATION OF D	EATH		9c. COU	NTY OF D	DEATH
Sinai Hospi	tal			Ba.	1timore	5				
10a. STATE 10b. COUNTY		10c.	CITY, TOWN	OR LOCATI	ON					10d. INSIDE CITY
mD. Ba	ltimore			T 11+1	hervil:	1.0				LIMITS?
10e. STREET AND NUMBER	TCIMOI				ZIP CODE	re		100 017	IZEN OF	1 YES 2 XNO
59 Semina	IN FA	SIM RO	AD	101.	2100	2		10g. C11		
		EVER IN U.S. ARMED	10	WAS DECE	NDENT OF HISPAI	UC CRICIUS A	M M		USZ	
1 Never Married 2 Married	FORCES? 1	YES 2 NO	13	If yes, spe-	city Cuban, Maxica	in, Puerto Ricai	n, etc.)	or No-		E — American Indian, k, White, etc.
32 Widowed 4 □ Divorced	IF YES, OIVE WA	R OR DATES		1 YES	2 NO Specif	у:			Spec	White
15. OECEDENT'S EDUCAT		16a. DECEDEN	IT'S USUAL O	OCCUPATIO	N:	16b. KIN	O OF BU	SINESS/INI	DUSTRY	MILLE
(Specify only highest grade con Elementary/Secondary (0-12)	mpleted) College (1-4 or 5+)	(Give kind	of work done of use retired.	e during mos .)	t of working					
10th			House	ewif	e					
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Middl	e, Maiden	Surname)		
Anthon Scott					01	nis Be	211			
19a. INFORMANT'S NAME (Type/Print)		19b, MAIL	JNO ADDRES	SS (Street an	d Number or Rural			n, State, Zig	Code)	
Brenda Thomas	91333	59	Sem	inar	v Farm	Roadi	int.	erv	i 1 1 e	eMd.21093
20a. METHOD OF DISPOSITION		20b. PLACE AND DA				DATE		CATION -		
1 Burlel 2 ☐ Cremation 3 50 Remove	al from State									
	ar troin out	cemetery, crematory	or other place	0) D	- 7 D l-	10/11	7/0-) T-	la .a .a.	O: + M
4 Donation 8 Other (Specify)		MonteV	istal	Buri			7/93	3 Jo	hns	onCityTen
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4 Donation 8 Other (Specify)		Montay Home	istal	Buri: NAME AND Conn		unera:	l Ho	ome	of I	
21. SIGNATURE OF FUNERAL SERVICE LICEN 23- PART I. Enter the disease, or con-	mplications that	Home J	istal 222 (Buri: R. NAME AND Conno	elly Fi 00 Mac	unera: e Ave	l Но . Ва	ome alti	of I	Essex e Md. 212
21. SIGNATURE OF FUNERAL SERVICE LICEN 29- PART I. Enter the discuss, or corshock, or heart feilure. Lie	mplications that	Home J	istal 222 (Buri: R. NAME AND Conno	elly Fi 00 Mac	unera: e Ave	l Но . Ва	ome alti	of I	Essex Md. 212 Approximete interval Between
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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (FIR	st, Middle, Last)			BOKE	L					DO 10 1993 YEAR		5:32 pm	
4. SOCIAL SECURITY NUM 218-30-566		5. SEX 1 ☐ M 2 💢 🗲	6. AGE (In yrs. II	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE (Mont	7. DATE OF BIRTH (Month, Day, Year) DECEMBER 28, 1901		8. BIRTHPLACE (State or Foreign Country) Maryland		
9a. FACILITY NAME (II not Saint Joseph	(If not institution, give street and number) seph Hospital 9b. city, town or Location of Death Towson, Maryland						9c. COL	9c. COUNTY OF DEATH Baltimore					
RESIDENCE OF DE	CEDENT 10b. COUNT												
Maryland	Ba	ltimore		200	OWSO		TION						10d. INSIDE CITY LIMITS? 1 YES 2 XHO
10e. STREET AND NUMBE						101	. ZIP COD	_			10g. CI1	IZEN OF	WHAT COUNTRY?
8415	Bellona	Lane					21	204				USA	1
11. MARITAL STATUS 1) Never Married 2 (3 Widowed 4 December 1.		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V		RMED NO	13.	WAS DEC	ecity Cube	OF HISPA In, Maxic Speci	NIC ORIGII an, Puerto ly:	N? (Specify Ve Ricen, etc.)	e or No—	14, RAC Blac Spec	E — American Indian, ck, White, etc. chy: White
15. DE	CEDENT'S EDU	JCATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON and works	200	168	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 5	- 4	le. Do NOT u	reta		St Of WORL	ng	M	bac Iva	Lictor	nical	Society
17. FATHER'S NAME (First,	Michillo I ant)			300	, reca	ı y	40 1107	MEDIO AL		Middle, Maiden		ricdi	society
J. Anton							13/91/19/0			agher	sumame)		
19a, INFORMANT'S NAME		-	1.	Oh Prammi	O ADDDEC	D /0				ber, City or Tox		- 0 1	
Jack J. S	. ,,	ılr											24004
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TANGEN 2 Cremat	er (#Wyllin)	1 11	SK M	and DATE	Cem	eter	y		12/	14/ Ba			MARYLAND
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Saint Joseph Hospital

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PERMOTE K-DO, MD 7820 YORK ROAD TOWBON MD 21204

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DIVISION OF VITAL RECORDS P.O. BOX 68760

-	TO BE COURSE TED BY BUYSICIAN: MCDICAL CERTIFICATION
examiner must be no	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be no
ne runeral director, page 5 al.	10 THE FUNEXALL UTRICION: After this certificate has been signed by the attentioning physician and competerly mied in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
he funeral director, page 5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 is
r death. Page 6 may be re	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Fours after death. Page 6 may be re-
DALIIMORE, M	STATE AFCOADS, T.O. BOX 66160.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	93	36242
CEDENT'S NAME (First, Middle, Last)		2 DATE OF DEATH		2 TIME OF DEATH

			MENT OF HEALTH AND CATE OF DEATH	REG. NO.	93 36242
1. DECEDENT'S NAME (First, Middle, JOSEPH				2. DATE OF DEATH DECEMber 12,	1993 YEAR 10 - 520
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS		1993 10:53A
374-03-9570 90. FACILITY NAME (If not institution		79 YRS.	DATE DAYS HOURS MIN.	May 17, 1914	Country) Georgia
Greater Baltimore RESIDENCE OF DECEDER 10a. STATE 10b. c Maryland B	e Medical Center		Towson		Baltimore
10a. STATE 10b. C	COUNTY		TOWN OR LOCATION		10d, INSIDE CITY LIMITS?
Maryland B	Baltimore	B	altimore Inf. ZIP CODE		1 ☐ YES 2 🖔 NO
6012 Hunt Rido	e Road #2722		21210		USA
100. STREET AND NUMBER 6012 Hunt Ridg 11. MARITAL STATUS 1 Never Merried 2 XX Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE	R IN U.S. ARMED ES 2 NO R DATES			
15. DECEDENT	S EDUCATION t grade completed)	16a. DECEDENT'S US	UAL OCCUPATION k done during most of working	16b. KIND OF BUSIN	
15. DECEDENT' (Specify only highes Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, La	College (1-4 or 8+)	Ille. Do NOT use r	etired.)	11	a and E/C
17. FATHER'S NAME (First, Middle, La	3	I Mechanic	al Engineer	Heating	g and A/C
				nie Mae Nix	
19a. INFORMANT'S NAME (Type/Prin			DDRESS (Street and Number or Rui	al Route Number, City or Town,	
M. T. Baker		6012 H			Maryland 21210
23. PART I. Enter the disease shock, or heart for immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a, or complications that cau illure. List only one cause of a	n each line.	enter the mods of dying, s List Infar acteury Dr	uch as cardiec or respire	, Maryland 21212 story errest, Approximate interval Betwo
PART II. Other significant con	d	h but not resulting in	the underlying cause given	In Part I. 24a. WAS AN AI PERFORM 1 YES 2	ED? AMILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:		26. PLACE OF DEATH		
		TY 28b. TIME C		28d. DESCRIBE HOW INJ	JURY OCCURED
2 Accident Investig 3 Suicide 6 Could r 4 Homicide determi 29e. CERTIFIER (Check only one) 2 MEDICAL EX	28e. PLACE OF INJU-	JRY — At home, farm, stre Specify)		281. LOCATION (Street and City or Town, State)	d Number or Rural Route Number,
29a. CERTIFIER (Check only one)	PHYSICIAN: To the best of my kr AMINER: On the bests of examine				er as stated. due to the cause(s) and manner as stated
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2 MEDICAL EX	Kelianio		D334	∞	12/13/93

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31. DATE FILED (Month, Dey, Year)
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			CERTIFIC	CATE OF DEAT	Н	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last JOSEPHINE	(NMN)	BEZI	ILLA	2. DAT MON DE		3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER 186-10-9840	1 🗆 M 2 📈 F	1 1	IF UNDER 1 YEAR IF UNDER IONTHS DAYS HOURS	MIN. (Mor	e of Birth ith, Day, Year) RCH 12, 1911	BIRTHPLACE (State or F Country) ITALY
LOR	2611 E. Strathmo			BALTIMORE		ec. COUNT	Y OF DEATH
DIRECTOR	MARYLAND	NTY	10c. CITY, BA	TOWN OF LOCATION			10d. INSIDE CIT- LIMITS? 1 X YES 2
FUNERAL	100. STREET AND NUMBER 2611 E. STRATHMO	DRE AVENUE	los.	101. ZIP COD 2121	4		EN OF WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT O	n, Mexican, Puerto	IN? (Specify Yes or No — 1 Rican, etc.)	14. RACE — Americen Ind Black, White, etc. Specify: TE
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		Ille. Do NOT use	rk done during most of working	ng 16	BL. KIND OF BUSINESS/INDU	
	17. FATHER'S NAME (First, Middle, Last) JOSEPH		MANNA	18. MOT	HER'S NAME (First	, Middle, Malden Surname) DIDE	
TO BE	188. INFORMANT'S NAME (Type/Print) CARL LOGANA		19b. MAILINO A	DDRESS (Street and Number	or Rural Route Nu	mber, City or Yown, State, Zip C E MAGNOLIA,	Code)
	20e. METHOD OF DISPOSITION 1. Burlel 2 Cremetion 3 R. 4 Donation 5 Other (Specify)		0b. PLACE AND DATE OF		DA		ity or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	WAIL OF TIL	AVEN CLIT.	114/	19/39 DEKETI	1, 110
	23/PART I. Enter the diseases, p	JOHN E. D		LEONARD J 5305 HARF	ORD ROA	D BALTIMORE,	MD. 21214
	23/PART I. Enter the diseases, anock, pr heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death)	or complications that ceus e. Liet only one cause on	ed the death. Do no	5305 HARF	ORD ROA	D BALTIMORE,	et, Approxin Interval E Onset an
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DR. CARLA ROSENTHAL 3400 BREHMS LANE BALTIMORE, MD, 21213

31. DATE FILED (Month, Day, Year)

DEC 1 4 1993

32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Yours after death. Page 6 may be retained by the hospital or attending phy	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn be filled within 72 hours after death with the State Dent, of Health and Mental Hydrene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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DEC 1

4 1993

1 - ST/	R ATE GISTRAR	STATE OF I	MARYLAND C	DEPAR						REG. NO.	9	3	36245
1. DECED	DENT'S NAME (First, Middle, Las	t)							2. DATE OF MONTH	DEATH DAY		YEAR	, TIME OF DEATH
	11iam D. Bell	Sr.		STURGUL						ber 10		993	2:15 A
		1 SEX	6. AGE (In yrs. is	YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D.	ay, Year)		Country)	ACE (State or Foreign
	0-07-8376 LITY NAME (If not institution, give	Α.	74		9b. CITY	TOWN O	R LOCATIO	N OF DE	Octobe			Mary	land
	vert Manor Nu		ter				Sun	N 01 0E	SAIN .				ounty
RESID	ENCE OF DECEDENT			_							-	.II	ouncy
Calver Residence Mark					Y, TOWN								0d, INSIDE CITY LIMITS?
	ryland Ceci	1 County		K	isin		N ZIP CODE			1.	0- OT13		YES 2 XNO
188 11. MARI	31 Telegraph	Road					21911				og, GI12	U.S	
5 11. MARI	TAL STATUS	12. WAS OECEDEN	M EVER IN U.S. A	RMED		WAS DEC	ENDENT OF	F HISPAN	NC ORIGIN? (S		No-	14. RACE -	- American Indian.
	ver Married 2 Merried dowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	NO				Specify	n, Puerto Rica	n, etc.)		Black, Specify:	White, etc.
	15. DECEDENT'S EI	WWII											White
	(Specify only highest gra	de completed)		ECEDENT'S Give kind of a. Do NOT u	work done	during mo:	IN st of working	g	18b. KJ	ND OF BUSIN	ESS/INDU	JSTRY	
7	12 yrs.	College (1-4 or 5	+)	Self-		oved			1	avern			
	ER'S NAME (First, Middle, Last)					,,,,,	18. MOTH	ER'S NA	ME (First, Midd		meme)		
Jose	eph Calvin Be	11					Gra	ace		M.		Car	vey
O 198. INFO	DRMANT'S NAME (Type/Print)								Route Number,				
Kich	pard T. Bell							&d.]	Keene,				
1 X Buri	THOD OF DISPOSITION	moval from State	20b. PLACE cemetery, cr	AND DATE	OF DISPOS ther place)	SITION /Na	me of	_	OATE	20c. LOCAT	TION — C	aty or Town	timore, MI
	ATURE OF FUNERAL SERVICE	LICENSEE // /	New (athe	drai	NAME AN	etery D ADDRES	S OF FAC	<u>cember</u>	13,	1993	Bal	timore, MI
-	John G. Reit	z (M-0080	4) Kaj		31	Mitc	hell-	Wie	defeld		. Ma	rvla	nd 21212
23. PAR	RT i. Enter the diseases, o shock, or heart fallen	r complications the	t caused the d	eath. Do									Approximeta
disease	IATE CAUSE (Final	(1	2 costs	Re	20.	5		To.	1				Onset and Deat
resultin	ng in death)	DUE TO	(OR AS A CONSE	QUENCE O	es la	~ 900	7	TUX	···	-			MMED
Z Common	estable that constitutions	b	Cono	1,	R	uls	non	ion.	Fib	2050	5,		14 405
if any, i	iesding to immediate	DUE TO	(OR AS A CONSE	QUENCE O	P):		6		1				1
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resultin	ng in death) LAST	4	1				,						İ
ت <u> </u>	1 Other design												1
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									1	YES 2	NO		OMPLETION OF CAUSE F DEATH?
Σ						_			-			1	TYES 2 NO
	CASE REFERRED TO MEDICAL					26. PL	ACE OF OE	ATH (Che	eck only one)				
S EXAM	MINER? YES 2 NO	HOSPITAL:	ER/Outpatient	DOA	OTHER	R:			6 Other (S)	pec/fv)			
Z7. MANN	NER OF OEATH	28e. OATE OF (Month, D	INJURY	28b. TIM		28c. INJU	JRY AT	T		BE HOW INJU	JRY OCCI	URED	
_ X 'X'	Naturel 5 Pending Accident Investigation				М	1 🗆 Y	ES 2 🗌	NO					
	Suicide 6 Could not b	e 28e. PLACE 0 building,	F INJURY — At h atc. (Specify)	ome, ferm,	street, fac	ory, office			28f, LOCATIO	ON (Street and own, Stetu)	Number o	or Rural Rou	te Number,
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29a. CERT (Chec one)	2 MEDICAL EXAMI	NER: On the basis of e					eth occure	d at the	time, data and	place, end d	ue to the	ceuse(s) s	
29a. CERTI (Chec one)	ck only	NER: On the basis of e						d at the	time, data and	place, end d	ue to the	ceuse(s) s	fonth, (Day, Year)

HIGHTRAR'S SIGNATURE

3.1633 63

file Files South

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1 .	FOR STATE REGISTI	RAR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	3	3	6	2	4	6

	1. DECEDENT'S NAME (First, M													
										MONTH	F DEATH	AY.		3. TIME OF DEATH
	Goldie M. Ba									Dece	mber	11, 1	1993	7:05
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (In yrs. I		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O (Month, May	P BIRTH		Country	PLACE (State or Fore
	216–36–4854		1 M 2 N F	73	YRS.	110					14, 1			sylvania
~	9e. FACILITY NAME (If not insti							OR LOCATI		EATH		THE RESERVE	TY OF DE	
2	North Arunde		spital		- 6-1-2	GI	en B	urni	e			Anne	aru	undel
DIRECTOR		10b. COUNT	ΓY	7917	10c. CIT	Y, TOWN C	R LOCAT	TION						10d. INSIDE CITY
5	Maryland A	Anne	Arundel		Pas	adena	3							LIMITS?
A	10e. STREET AND NUMBER						101	. ZIP COD	E		MET	10g. CITE	ZEN OF W	HAT COUNTRY?
E	204 Catalfa	Ave.						2112	2			Unit	ed S	tates
FUNERAL	11. MARITAL STATUS	2	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGINA	(Specify Ye	s or No-	14. RACE Black.	- American India: White, etc.
BY	1 Never Married 2 X M 3 Widowed 4 Divorce			MAR OR DATES	2			2 NO			carr, occ.)		Specify	
		DENT'S EDU	ICATION	160.0	ECEDENT'S	I II II II II II II II II II II II II I	CHIDATI	DN		1 405	VIND OF BU	CINESO (NIC	HOTEN	WIIICE
ETED	(Specify only h	highest grade	e completed)		Give kind of te. Do NOT u	work done (during mo	ost of worldr	ng	100.	KIND OF BU	SINESS/IND	USIRT	
PL	Elementary/Secondary (0-1)	2)	College (1-4 or 5	+)	memak					Ov	m Hor	ne		
COMPL	17. FATHER'S NAME (First, Mide	die, Last)						16. MOT	HER'S NA	ME (First, M	iddle, Melden	Sumama)		
ш	Charles A. N	McDon	ald					Sar	a (ບ	inknov	m)			
TO B	19a, INFORMANT'S NAME (Type											m, State, Zip		
F	Roy E. Baker	r			204 C	atal	ta A	ve.,	Pas	adena	ı, Mai	cyland	d 211	122
	20e. METHOD OF DISPOSITION		novel from State	20b. PLACI	E AND DATE	OF DISPOS	ITION (No	ame of 1	2-16	-9BATE	20c. LC	CATION —	City or Tow	vn, Stata
	4 Donation 8 Donation (S	Speckly)		Lake	mont	Memo:					Day	/idsor	nvill	le, Mary
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE	0.		22. K	NAME AI	OV-R	SS OF FA	ck Fi	inera i	L Home	2	
	Mas C	60	Jak.											e, MD 21
	immediate cause (Final disease or condition resulting in death)	ert fallure.	List only one cer	ontest	EOUENCE O	ble	the mo	me.	ing, auc	h aa cardi				Approxima Interval Be
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DIVISION OF WIAL RECORDS,	TO THE HOSPITAL OR ATTENDING PROCESS IN 18 18W requires that the de	and a special signed by the a	will the same Dept. of Health and Men	Altern 23 shows any injury
DIVISION	TO THE HOSPITAL OR ATTENDIN	TO THE FUNERAL DIRECTOR: A	be filed within 72 hours after de-	IMPORTANT: If Item 28/js ma

STATE OF	F MARYLAND	/ OEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
		ERTIFICATE	OF DEAT	TH		REG. NO.

	FOR STATE REGISTRAR	STATE OF M	ARYLAN		RTMENT OF I	HEALTH AND	MENTAL	HYGIEN REG. NO	E C	33	36247
	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE	OF DEATH	NV.	YEAR	3. TIME OF DEATN
	APRIL R			В	ENNETT		12	00		3	9.30 PM M
	4. SOCIAL SECURITY NUMBER	8. SEX		rs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (OF BIRTH Day, Year)		. BIRTN	PLACE (State or Foreign
	218-76-5251	1 M 2 🕃 F	33	YRS.	MONTHS DATE	noons min.		. 20,	1960		yland
·	Sa. FACILITY NAME (If not institution, give a	treet and number)			96. CITY, TOWN	OR LOCATION OF D	EATN		9c. COUNT	Y OF DI	EATN
DIRECTOR	NORTH ARINDEL HO RESIDENCE OF DECEDENT 10e. STATE 10e. COUNT		SOCIA		CLEN	BURNIE			LA	.A.	COUNTY
	Maryland Anne	Arunde1			len Burn						10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	1016 Roseanne Rd.					1. ZIP CODE 21060					States
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2	2 NO	If yes, sp	CENDENT OF NISPA pecify Cuban, Maxic 3 2 NO Specif	en, Puerto P		or No- 1	4. RACE Black Specifi	- Amarican Indian, White, etc. y: White
0	16. DECEDENT'S EDU	CATION	16	a. DECEDENT'S	USUAL OCCUPATI	ON	16b.	KIND OF BU	SINESS/INDU	STRY	WILLCE
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+		Ille. Do NOT u		ost of working					
M M	9			Homema	aker		(wn Ho	me		
COMPLETED	17. FATNER'S NAME (First, Middle, Lest)					18. MOTNER'S NA					
BE	Francis Allen					Aramin	ta Bo	lle C	aldwe]	.1	
2	19s. INFORMANT'S NAME (Type/Print)	2.32.2				and Number or Rural					140
	Araminta Belle Ca	aramerr				. Rd., L				173	
	20e. METHOD OF DISPOSITION 1 図 Burlal 2 □ Cremation 3 □ Rem	oval from State	cemeter	or cometon or o	OF DISPOSITION (Nother place)		DATE		CATION — CI		
	4 Donalton 5 Other (Specify)	edus.	IGle	n Have		Pk. 12-1		Gle	n Bur	nie	, Maryland
	16 Pal	212	2		Kirkl	.ey-Ruddi	ck Fu	meral	Home	raii	n Hwy., S.E.
CERTIFICATION	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (SEDOR AS A CO	ONSEQUENCE O	F):						Interval Between Onset and Death
ERTI	resulting in death) LAST	d									
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AN	Reseitis			0		0					
CC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			OTHER:	LACE OF DEATH (C)				-	
148	27. MANNER OF DEATN	1 Inpetient 2 I				ne 8 🗆 Rasidence	_		NJURY OCCU	9ED	
P	1 Netural 5 Pending	(Month, Da		28b. TIN		YES 2 NO	200. 000	onibe non .		neo	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28a. PLACE Of building,	INJURY — ,	Al homa, farm,	street, factory, offic	24	281. LOCA	ATION (Street or Town, State)	and Number o	Rural R	oute Number,
9	29a. CERTIFIER					TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE	THE RESERVE				
COMPLETED	(Check only one) 2 MEDICAL EXAMINE) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	THE	+	PHYS	ING	29c. LICENSE NU	MBER) 52(29d. DATE	BIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WH	O DOMPLETED CAUS	E OF DEATH								
	MAHESH S OCHANE 31. DATE FILED (MORIT) Day, (No.) 1. 1 4 100 3	Y M D /	7575 B	RITCHIE	HWY S	SE/GLEN J	BURNT	E, MAI	RYLAND	2	1061

130 (130)

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1 - STA		STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	EALTH AND DEATH	MENTA	L HYGIEN	E "	33	302	140
1. OECED	ent's NAME (First, Middle, Last) Vie Blau						of DEATH	ľ993 ''	DA:	ME OF DEAT	тн А м
	L SECURITY NUMBER 3 10 4478		(In yrs. lest birthday) 84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH	1909	BIRTHPLACE Country) New		oreign
EOC	or or institution, given the contract of the c			96. CITY, TOWN O	esda	EATH		9c. COUNTY Mont	of OEATH	сy	
10a. STAT		ntgomery		y, town or locat ethesda	TION			-		INSIDE CITY LIMITS? YES 2	
	eet and number)4 Greentree 1	Rd.			. ZIP CODE 20817			10g. CITIZEN Unite		COUNTRY?	
1 New	rAL STATUS or Married 2 Married lowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES		13. WAS DEC	ENDENT OF HISPA ecity Cuban, Mexico 200 NO Speci	NIC ORIGII nn, Puerto fy:	N? (Specify Yer Rican, atc.)		RACE — Ar Black, Whit 211,Cas	nerican Indi le, jetc. Slan	len,
	15. DECEDENT'S ED (Specify only highest grad entary/Secondary (0-12)		(Give kind of life. Do NOT u	usual occupation work done during more retired.) s Repres	et of working			siness/indus		ribu	tor
17. FATHE	er's name (First, Middle, Last) Seph Blau				18. MOTHER'S NA Sarah		Middle, Maiden	Surname)			
	ger C. Blau			ADDRESS (Street a					21403		
1 OXMuni	HOD OF OISPOSITION iel 2 Cremetion 3 Remetion 6 Other (Specify)	moval from State	ROB. PLACE AND DATE of cemetary, crematory King Davi	or other place)		12 ⁴¹		alls Ch			
21. SIGNA	ATURE OF FUNERAL SERVICE L			22. NAME A	es-Pears Falls	ACILITY	uneral h, Va.	Homes 2204	6		
iMMEDi disease	IT I. Eriter the diseases, or shock, or heart fellure lATE CAUSE (Finel or condition g in death)	. List only one ceuse on	each line.			ch ea cer	diec or reep	iratory arreat	,	Approximinterval B Onset an	Between
Sequen if any, i	atielly list conditions, leading to immediate Enter UNDERLYING	bDUE TO (OR AS	A CONSEQUENCE O	F);							
that init	(Disease or injury tisted events ig in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):							
	Other algnificent condition	ona contributing to death	but not resulting	in the underlyin	g ceuse given in	Part I.	24s. WAS AMPERFO	RMED?	AMAIL COMI OF D	E AUTOPSY F ABLE PRIOR PLETION OF EATH? YES 2 [CAUSE
25. WAS C	CASE REFERRED TO MEDICAL MINER? YES 2 XNO	HOSPITAL:		OTHER:	LACE OF DEATH (C						
	IER OF DEATH Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 26b. TIR	IE OF 26c. IN.	ne 6XX Residence IURY AT DRK? YES 2 NO	Y		INJURY OCCUP	RED		
·	Accident investigation Suicide 6 Could not be Homicide determined	28a PLACE OF INJUI	RY — At home, lerm, pecify)			261. LO	CATION (Street or Town, State	and Number or	Rural Route I	Number,	Ģ I
29e. CERT (Chec	ck only	SICIAN: To the best of my known							suse(a) and	manner as	stated.
296. SIGN	WINE AND THILE OF CENTER	16/VM	100		29c. LICENSE NO.	MBER 275		29d. DATE S	IGNED (Mont	th, Day, Year,)
30. NAME	RALL BOLC	HO COMPLETED CAUSE OF	4808 P	+194 px	ا لما د	Roy	wille	, m	20	854	
31. DATE	DEC 14 1993	32. BEGISTRAR'S SI	GNATURE Har Rudold				,				

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IICIAN: The law requires that the death certificate be executed within amouns after death. Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the State Dept. of Health and Mental Hydiene prior to burlal, cremation, or removal.

36249 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

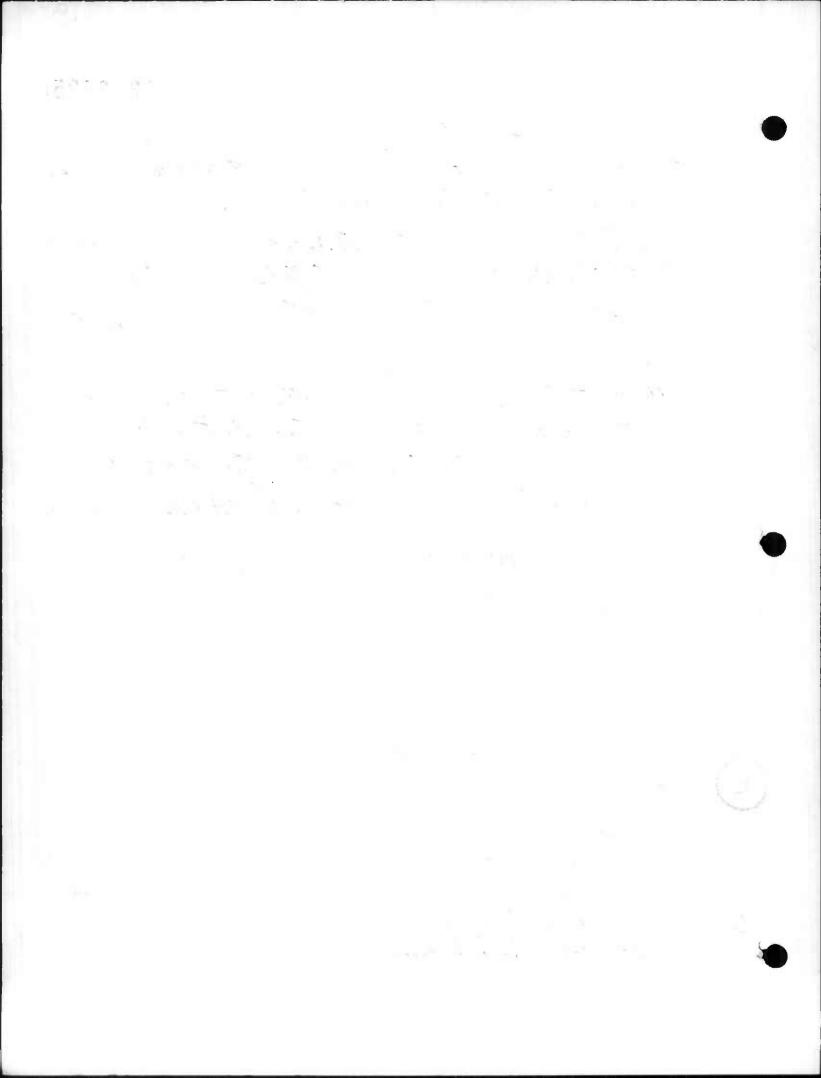
	FOR STATE REGISTRAR	STATE OF MARYLAN		NT OF HEALTH AND	MENTAL HYGIENE REG. NO.	93 36249
	1. DECEDENT'S NAME (First, Middle, Last CHARLES EDV 4. SOCIAL SECURITY NUMBER	IARD CORNE			2. DATE OF DEATH DAY DEC. 11,	year 1993 11:20P M
	218-12-6557	1 € M 2 □ F 69	YRS. MONT	HE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) NOV. 2, 1924	
TOR	ST. AGNES HOSPIT			ALTIMORE	DEATH 9C.	COUNTY OF DEATH
DIRECTOR	MARYLAND 106. COUN	тү	BALTI	MORE		10d. INSIDE CITY LIMITS? 1 V YES 2 NO
FUNERAL	100. STREET AND NUMBER 5536 CLIFTON AVE			101. ZIP CODE 21207	10g.	CITIZEN OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WIR OR DATE: WW II	S. ARMED	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1 YES 2 NO Specify NO Specific No.		9- 14. RACE — American Indian, Black, White, atc. Specify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest green Elementary/Sepondary (0-12)		e. DECEDENT'S USUA (Give kind of work de life. Do NOT use retin POSTMA	one during most of working ad.)	U.S. GO	
BE COI	17. FATHER'S NAME (First, Middle, Lest) EDWARD L CORNELL				RAME (First, Middle, Melden Surner BROWN	me)
101	19e, INFORMANT'S NAME (Type/Print) IRFNF CORNEL 20e, METHOD OF DISPOSITION I Ø Burlei 2 Cremetion 3 Re 4 Donatton 5 Other (Specify) 21. SIGNATURE OF UNERAL RERVICE L	movel from Stale cometer	5536 CL ACE AND DATE OF DIS y, crematory or other pla ANEY VAL	IFTON AVENUE POSITION (Name of LEY CFM. 22. NAME AND ADDRESS OF LEONARD J. !	DATE 20c. LOCATIO	21207 N — City or Town, State
CERTIFICATION	23. PAPT I. Enter the disesses, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that infillated events resulting in death) LAST	b. DUE TO (OR AS A CO	EDEM POSEQUENCE OF):	A	cn ss cardisc or reapirator	y arrest, Approximate interval Between Onset and Daath
MEDICAL	PART II. Other significant condition	one contributing to death but	not resulting in the	underlying cause given	n Part I. 24e, WAS AN AUTO PERFORMED? 1 VES 2 N	AMPLABLE PRIOR TO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (
	1 YES 2 NO 27. MANNER OF DEATH I Neturel 5 Pending Investigation	1 Inpetient 2 ER/Outpetie 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK? 1 YES 2 NO	8 ☐ Other (Specify) 28d. DEŞCRIBE HOW INJURY	r OCCURED
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	280 PLACE OF INHIRY	At home, farm, street,	factory, office	281. LOCATION (Street and Nu City or Town, State)	umber or Rural Route Number,
BE COMPLET	enel	-1.0			ne time, date and place, and due UMBER 29d.	a stated. Io the cause(a) and manner as stated. DATE SIGNED (Month, Day, Year) 1 2 - (3 - 9 3
то		PPER 900 CATON		ALTIMORE, MD		
	DEC 1 4 1993	32. REGISTRAR'S SIGNATU				

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IF VII AL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	The first been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the action of health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSIDAM: The law requires that the death certificate be executed within 24 in	TO THE FLINERAL DRECIPION Any are the case has been signed by the attending physician and completely filled in by the be filed within 72 hours are described by the Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. II them 28 increased. Nom 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 36250

	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPA CERTII	RTMENT OF HEALTH AND FICATE OF DEATH	MENTAL HYGIENE 9	3 36250			
	1. DECEDENT & NAME (First, Middle, Last)	H CAre	4	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 2/3 -32 -8338/	S. SEX 6. AGE (In yrs. last birthdu 1 1 1 2 1 F YRS.	MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Mogrh, Day, New)	8. BIRTHPLACE (State or Foreign Country) Mary And			
TOR	98. FACILITY HAME (If not institution, give str	Con Tex	96. CITY, TOWN OR LOCATION OF C	recity sc. cou	INTY OF DEATH			
DIRECTOR	BARY AND 10h COUNTY	10c. C	B//imore	>	10d. INSIDE CITY LIMITS? 1 PES 2 NO			
FUNERAL	100. STREET AND NUMBER 30 30 10 Am	-Terr	101. ZIP CODE 2/2/	6	IZEN OF WHAT COUNTRY?			
₽	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban Maxic 1 YES 2 10 Speci		14. RACE — American Indian, Black, White, stc.			
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		S USUAL OCCUPATION work done during most of working use retired.)	16b. KIND OF BUSINESS/IN	DUSTIN			
BE COMPL	17. FATHER'S NAME (First, Middle Last)	Carey	HALL	AME (First, Middle, Meiden Gughame)	bollone			
TO BE	19a. INFORMANT'S NAME (Type/Print) 10a. METHOD OF DISPOSITION	CIOGENPY 303	G ADDRESS (Street and Number or Flured BUTO Ar Perr OF DISSOSITION (Name of	BATEMOR ,	md, 21216 City or Town, State			
examiner must	1 Suriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	Parties of the state of the sta	other place 27. NAME AND ADDRESS OF A	Til BAIR	Co. md.			
a exam	Joseph L.	Russ	2252/UN	ath Ave hol	10. nd. 21216			
nt, the medical	abock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the death. Do let only one cause on each line. Author Myo	cerdeal &	Seuder	Approximate interval Between Onset and Death			
CATION	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING							
ERTIFI	CAUSE (Disesse or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	DF):					
MEDICAL CE	PART II. Other significent conditions	contributing to death but not resulting	In the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	28. PLACE OF DEATH (C					
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year) 28b. Til	JURY WORK?	6 Other (Specify) 28d. DESCRIBE HOW INJURY OC	CURED			
TED	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJURY — At home, farm, building, atc. (Specify)	M 1 YES 2 NO	281. LOCATION (Street and Number City or Town, State)	r or Rural Route Number,			
COMPLET		AN: To the best of my knowledge, death occur On the basis of examination and/or investigat						
O BE COM	29b. SIGNATURE AND TITLE OF CERTIFIES	AD)	29c. LICENSE NU		E SIGNED (Month, Day, Year)			
ĭ	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Typ	n. Print) .		1			
	31. DATE FILED (Month, Day, Year) DEC 1 4 1993	II AGISTRAR'S SIGNATURE						



1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR CERTIFICATE OF DEATH REG. NO.

		1. DECEDENT'S NAME (First, Middle, Last)	Susie F	3. Clanto	n				18	2. DATE OF E	EATH BAY 10	993 YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMBER 246–40–7590	5. SEX 1 M 2 A F	6. AGE (In yrs. less		IF UNDER 1	YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, De)	IRTH , Year)	-	11 0
2, 3 should	TOR	3600 W. Franklin Street Apt G 96. CITY, TOWN OR LOCATION OF DEATH Baltimore 96. COUNTY OF DEATH											
Pages 1.	DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OF	R LOCA	TION					10d. INSIDE CITY
£		Md			Ва	altimo	-						LIMITS?
it permit.	FUNERAL	2600 M Enantalin Co	tunnat (nt)	1 0		А,	10	f. ZIP CODI					WHAT COUNTRY?
020 physician. burial-transit	UNE	3600 W. Franklin S		T EVER IN U.S. ARI	MED	13. W	AS DEC	2122 CENDENT O	_	VIC ORIGIN? (Sc	ecity Yes or No-	S A	E — American Indian,
21215-0020 al or attending physician. for use as the burial-trar	BY	1 XXNever Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2 N WAR OR DATES	10	H	yes, sp		n, Mexica	n, Puerto Alcen		Spec	w. White, etc.
No re	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(GI	CEDENT'S ve kind of v Do NOT us	USUAL OCK work done do ne retired.)	CUPATION TO THE COURT OF THE CO	ON ost of workin	ng .	16b. KIN	OF BUSINESS/I	NDUSTRY	
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.	CON	17. FATHER'S NAME (First, Middle, Last)				9.77		18. MOTH	HER'S NA	ME (First, Middle	, Malden Surname)	
	BE	Nathaniel Clanton 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number of Rural Poute Number, City or Town, State, Zip Code)											
	5	Ethel L. Gaither		198	1034 H	lilton	Roa	d Bal	T COY	ne, Md 2	1215		
MORE ge 6 may linector, pa		20s/METHOD OF DISPOSITION 1 ⁽¹⁾ Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE A	NO DATE OF	aT Par	rk			121393	Randa1		
BALTIMORE, ter death. Page 6 may be the funeral director, page oval.		21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue											
because within cours after and completely filled in by the burial, cremation, or removal natic event, the medical	Z	23. PART i. Enter the diseases, or ehock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one cau	Mary (OR AS A CONSECUTION									Interval Between Onset and Deeth
S OF	CATIO	Sequentially list conditione, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	(OR AS A CONSEC	UENCE O	F):							
P.O. th certification of Hygien or other	CERTIFICATION	that initiated events resulting in death) LAST	(OR AS A CONSEC	ONSEQUENCE OF):									
RECORDS requires that the d been signed by the t. of Health and Me.	MEDICAL	PART II. Other eignificent condition Conges five Spartners		death but not n	lace	in the und	erlyin L	g ceuse (given in		WAS AN AUTOPS PERFORMED? YES 2 NO	Y 241	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
WITAL F MN: The law illicate has be state Dept.	PHYSICIAN:	25. WAS CASE REFERED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (Ch	eck only one)			
OF VITA PRESICIAN: The this certificate ha with the State D thad, or Hem	IYSI	27. MANNER OF DEATH		ER/Outpatient 3	DOA 26b, TIM	4 🗆 Nursi	ng Hon		sidence	8 Other (Sp			
N OF us Pression that this car auth with the marked, o	BY Pt	1 Natural 5 Pending 2 Accident Investigation	(Month, D	Ney, Year)	LMI	M	1 🗍	JURY AT DRK? YES 2] NO	28d. DEŞCHIE	E HOW INJURY C	CCURED	
DIVISION OR ATTENDING I DIRECTOR Aber bours after death Item 28 is mar	ETED	3 Suicide 8 Could not be detarmined	28e. PLACE O building,	F INJURY — At ho etc. (Specify)	me, farm, r	street, facto	ry, offic	ca .		28f. LOCATIO	N (Street and Numi vn, State)	per or Rural	Route Number,
DIV HOPTAL OR A FRESAL DIFE MITH 72 hours NEANT. If them	COMPLE	one) 2 MEDICAL EXAMINE											s) and menner as stated.
6)M	TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 4CULLENTIAL	Colle	Mi				29c. LICI	SA	MBER	29d. D.	TE SIGNIT	(Month Day, Year)
	[30. NAME AND ADDRESS OF PERSON WH	CALD	ERON	27) (Type.	Print) 90	20	CA	TON	VAU	E BA	KR	MD
	1	DEC 14 1993	32. FEGISTRI	A SIGNATURE	del					TAL .	450		

	han.	-transit permit. Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21215-0020	ow manns with the control of the bospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been somed by a standard physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lifed within 72 hours after death with the State Dept. of the state Dept. of th	xaminer must be notified at once.	
L RECORDS, P.O. BOX 68760,	with the certificate be executed within sours after o	and by the attending physician and completely filled in by the	any injury, or other traumatic event, the medical e	
DIVISION OF VITAL RECO	THE HOSPITAL OR ATTENDING PHYSICIAN: The law magnetic	THE FUNERAL DIRECTOR: After this certificate has been filed within 72 hours after death with the State Dept. or Heavy	PORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1. FOR STATE STATE STATE STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 36252

REGISTRAR		CERTIFICA	ATE OF DEATH	REG. NO		0020			
1. DECEDENT'S NAME (First, Middle, La	st) (2. DATE OF DEATH		3. TIME OF DEAT			
Leon	Cox			MONTH IC	-				
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birthday)	ANDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	0. Bit	RTHPLACE (State or For			
212-20-2789	1 🕁 M 2 🗆 F	67 YRS. MON	THE DAYS HOURS MIN.	(Month, Day, Year) Mar 13 19		untry)			
Se. FACILITY NAME (If not institution, git	re street and number)		CITY, TOWN OR LOCATION OF		9c. COUNTY O	laryland _			
Joseph Richey Hospital Baltimore									
10a. STATE 10b. COU		10d. INSIDE CITY							
Joseph Richey RESIDENCE OF DECEDENT 106. STATE 106. COU MARYLAND	Shirtle - The	В	altimore			NET YES 2			
10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?			
10e. STREET AND NUMBER 3614 Marmon Av 11. Marital Status	venue		21207	7	US	SA			
11. MARITAL STATUS	12. WAS DECEDENT I		13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes	or No- 14. R.	ACE — American India			
. C manner - MV	IF YES, GIVE WAR	YES 2 NO	If yes, specify Cuban, Mexi			lack, White, etc. pecify:			
3 Widowed 4 Divorced						Black			
15. OECEDENT'S E (Specify only highest gr		16a. DECEDENT'S USU (Give kind of work)	AL OCCUPATION done during most of working	16b. KIND OF BUS	SINESS/INDUSTR	1			
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use ret	red.)						
High School		Supp1				Guard			
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S P	AME (First, Middle, Maiden	Sumame)				
Leon Cox, Si	c .								
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING ACC	RESS (Street and Number or Run	I Route Number, City or Tow	n, State, Zip Code)				
Ruth Cox		4104	Boarman Ave	nue Bal	timore	e, MD 21			
20a. METHOD OF DISPOSITION	amoval from State	20b. PLACE AND DATE OF DE		DATE 20c. LO	CATION — City or				
1 TyBurial 2 Cremation 3 Removal from State Cemetery, Commetory or other place Md - Vet - Cell - / Garrison 12 - 6 Owings Mills M									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Fineral Homes. Inc									
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Nutter Funeral Homes, Inc. 2501 Gwynns Falls Parkway									
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate									
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST									
	d								
PART II. Other aignificant condit	iona contributing to de	eath but not resulting in th	e underlying cause given i		AUTOPSY	WERE AUTOPSY FIT			
				PERFOR		COMPLETION OF C			
						OF DEATH?			
				7	1				
26. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (Check only one)					
EXAMINER?	HOSPITAL:		HER: Nursing Home 8 - Residence	A de la come de	45 42	7/100			
27. MANNER OF DEATH	28s. DATE OF IN	JURY 28b. TIME OF	28c, INJURY AT	28d, DESCRIBE HOW	NJURY OCCURED				
1 Miturel 8 Pending	(Month, Day,	Year) INJURY	M 1 YES 2 NO						
2 Accident Investigation 3 Suicide & Could and	260 PLACE OF I	NJURY — A1 home, farm, atreet	factory, office	281. LOCATION (Street	and Number or Rui	rel Route Number			
4 Homicide 6 Could not	building, ato	C. (Specify)		City or Town, State)					
29a, CERTIFIER									
(Check only			the time, data and place, and d						
2 MEDICAL EXAM	errart: On the basis of exer	nination and/or investigation, in	my opinion, death occured at ti	ne time, data and place, an	d dua to the caus	e(a) and manner as at			
296 BIGNATURE AND TITLE/OF CERTS	TER	10-	29e, LICENSE N	UMBER	294. DATE SIGN	ED Month Day Wart			
10411/11/11	296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED/MULTI, One, Hard								
The second secon	ml.	MI	DX	2012	1/1/	11/42			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF GEATH (ITEM 27) (Type, Print	DX	50/2	1/1	4093			
20. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF GEATH (ITEM 27) (Type, Print	DX	50/2	1//	14093			
21. DATE FILED (Month, Ob., Year)	WHO COMPLETED CAUSE	Di Bish	DX	50/2	*///	VIII 93			

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

9	3	3	6	2	5	3

	REGISTRAN				ENTIL	TOATE	· OF	DEA	In	HE	i. NO.		
	1. DECEDENT'S NAME (FIRST	t, Middle, Last)		CHIAN						2. DATE OF DE MONTH DEC 9	лтн 1993	YEAR	7:45 A M
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. I		IF UNDER		IF UNDER		7. DATE OF BIR (Month, Day,	TH	8. BIRTI	HPLACE (State or Foreign
	220-70-6485		1 🔀 M 2 🗌 F	29	YRS.	MONTHS	DAYS	HOURS	MIN.	SEPT 2			RYLAND
TOR	90. FACILITY NAME (II not) 15 TENTMILL	LA	APT L				TIM	ORE ORE	ON OF D	EATH		LTIM	
DIRECTOR	RESIDENCE OF DE	10b. COUNT	Υ			TY, TOWN O		TION					10d, INSIDE CITY
	MARYLAND		IMORE		BAL	TIMOF	RE .						LIMITS?
IERAL	100. STREET AND NUMBER 15 TENTMIL		APT L				10	2.12				SA	WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 X Vever Married 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	RMED NO		f yes, sp	CENDENT (Healfy Cubi	ın, Mexici	NIC ORIGIN? (Specian, Puerto Rican, e y:	cify Yes or No— Ac.)	14. RAC Blac WHI!	E — American Indian, k, White, etc.
LED		CEDENT'S EDU			Give kind of	S USUAL OG	CUPATI furing mo	ON ost of worki	na	16b, KIND	OF BUSINESS/IN	DUSTRY	
APLET	Elementary/Secondary	(0-12)	College (1-4 or 5	+) #	ANAGE	rse retired.)				MAR	SHALL D	EPT :	STORE
BE COMP	17. FATHER'S NAME (First, I		CI	HIANI					JOYC	ME (First, Middle, I	Maiden Surname)		SOBER
0	194. INFORMANT'S NAME (1		ADDRESS			or Runal	Route Number, City BALTI			1208
	29a. METHOD OF DISPOSI 4 Burial 2 Cremati		noval from State	20b.PLACE cemetery, c	AND DATE	OF DISPOS		ame of		DATE 2	Oc. LOCATION -	- City or To	own, State
	4 Donation 5 Donate 21. SIGNATURE OF FUNER		CENSEE /	BALT	IMORE	HEBE		ND ADDRE		0-93	REISTE	RSTO	MN MD
			e fel	mon	3	SOT	LE	VINS	ON 8	BROS.,		147	01015
	23. PART I. Enter the	diseases, or	complications the	at caused the d	leath. Do					WN RD.			21215
	IMMEDIATE CAUSE (FI		List only one cau			1	,	-					Onset and Daath
	disease or condition resulting in death)	\rightarrow	. 0	ISSEMI	Note	2	KA	posi	5	SARCO	MA		2915
7			DUE TO	OR AS A CONS	EOUENCE C	OF):		1					
CATION	Sequentially list condi- if any, leading to imme	diate	DUE TO	(OR AS A CONS	EOUENCE C	OF):							
FICA	cause. Enter UNDERLY CAUSE (Disease or in)		c	(OR AS A CONS	FOLIENCE C	ME).							
ERTIFIC	that initiated events resulting in death) LAS	ST .	d.	(011 20 21 001101		. ,.							
0	PART II. Other aignific	ent condition	ns contributing to	death but not	resulting	in the un	derivin	a causa	niven in	Part J. 24a V	AS AN AUTOPSY	244	. WERE AUTOPSY FINDINGS
EDICAL		nonje		nes sto						P	ERFORMED?	240	AVAILABLE PRIOR TO COMPLETION OF CAUSE
MED	-)")							AND		OF DEATH? 1 YES 2 NO
													TEML
SICIAN	25. WAS CASE REFERRED ' EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	T serious and a	• 🗆 • • •	OTHER	t:	1		neck only one)			
PHYS	27. MANNER OF DEATH		1 Inpetient 2	INJURY	20b. Til	WE OF	28c. IN.	JURY AT	sidence	6 Other (Special 28d, DESCRIBE	HOW INJURY OF	CCURED	
ВУ Р	1 Natural 5 2 Accident	Pending Investigation	(Month, D	Jay, Year)	IN	JURY M		ORK? YES 2] NO				
ETED E	a C Contable	Could not be determined	28e. PLACE O building,	OF INJURY — At I otc. (Specify)	ome, farm,	street, fact	ory, offic	e		281, LOCATION (City or Town	Street and Number, State)	or or Rural	Route Number,
COMPLE	anal		ICIAN: To the best of										s) and manner as stated,
BE CO	296. SIGNATURE AND TITE			P					ENSE NU				(Month), Day, Year)
TO 8	30. NAME AND ADDRESS O	F PERSON W	10 COMPLETED CALL	BE OF DEATH AT	EM 271 /3cm	n Prints		1)	36	709	•	12/	9/53
	Phili	PE	HRON	MD			02	Hen	bw	YST	BALTI	726	E, MD
	DFC 14	1993		DIE SIGNATURE	delle								
	A STATE OF THE STA	1999		The state of the s	1446								

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OF A PENDING PRINCIPLE AND PROPERTY OF A PROPERTY OF A PENDING PROPERTY

1. DECEDENT'S NAME (First, Middle, Last)			ATE OF DEATH		0.		
1 C-KIV	ARD -	A 12 TOLL	Carter Sr.	2. DATE OF DEATH	DAY	YEAR 3.	TIME OF DEATH
50.			F UNDER 1 YEAR IF UNDER 24 HRS.	7 DATE OF BIRTH	3 1	8. BIRTHPL	ACE (State or Foreign
219-01-4327	1 M 2 F	74 YRS.	ONTHS DAYS HOURS MIN.	Nov. 10,	1919	Country)	land
9e. FACILITY NAME (If not institution, give stre		5	b. CITY, TOWN OR LOCATION OF I		-	NTY OF DEAT	
Northwest Hospita	1 Center		Randallsto	√n	Ba.	ltimor	:e
10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCATION			10	d. INSIDE CITY LIMITS?
	imore		Randallstown			1	YES 23E3KA16
100. STREET AND NUMBER			101. ZIP CODE				T COUNTRY?
8828 Allenswood			21133			.S.A.	
1 Never Married 2 Married	12. WAS DECEDENT EV FORCES? 1	YES 2 NO	13. WAS DECENDENT OF HISP/ If yes, specify Cuban, Mexic	en, Puerto Rican, etc.)	es or No-	14. RACE — Black, W	American Indian, Thite, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	2 2	1 YES 2 NO Spec	ny:		Specify:	Thite
15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DECEDENT'S US	BUAL OCCUPATION k done during most of working	16b. KIND OF B	USINESS/INC		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)		. 1		
12 years 17. FATHER'S NAME (First, Middle, Last)			Agent			Life I	nsurance
	arter			B. Bright	n Sumeme)		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street and Number or Rura		wn, State, Zic	Code)	
Mrs. Thelma Carte	r	8828	Allenswood Road	d Randall	stown	, MD	21133
20e. METHOD OF DISPOSITION 1 1 1	val from State	20b. PLACE AND DATE OF				City or Town,	
4 Donation 5 Other (Specify)		Mt. Olive		12/17 Ra	ndall:	stown,	MD
21. SIGNATURE OF FUNERAL SERVICE LICE	MA ()		Loring Byers	Funeral D	irect	ors, I	nc.
23. PART I. Enter the diseases, or co	/11 the	mplus	8728 Liberty				D 21133
IMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO (OR	AS A CONSEQUENCE OF:					Onset and Dea
Sequentially list conditions, if any, leading to immediate		AS A CONSEQUENCE OF):	Sculto 1	Accipan	τ.		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR		Sculth 1	7ecipav	τ.		
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEQUENCE OF):	SculAN 1	n Part I. 24e, WAS /	IN AUTOPSY ORMED?	AM CC OF	AILABLE PRIOR TO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR	AS A CONSEQUENCE OF):	SculAN 1	n Part I. 24e, WAS / PERF	IN AUTOPSY ORMED?	AM CC OF	MPLETION OF CAUSE DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): Oth but not resulting in	the underlying ceuse given in 28. PLACE OF DEATH (C	n Part I. 24a, WAS A PERFIC	IN AUTOPSY ORMED?	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR DUE TO (OR contributing to dec HOSPITAL: 1 ** Inputent 2 = ER	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): With but not resulting in //Outpetlem 3 □ DOA 4 URY 28b. TIME (the underlying ceuse given in 28. PLACE OF DEATH (C THER: Nursing Home 5 = Residence OF 28c. INJURY AT	n Part I. 24a, WAS A PERFIC	IN AUTOPSY ORMED? 2 ¶ NO	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	DUE TO (OR DUE TO (OR contributing to dee	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): With but not resulting in //Outpetlem 3 □ DOA 4 URY 28b. TIME (the underlying ceuse given in 28. PLACE OF DEATH (C OF 28c. INJURY AT	n Part I. 24a, WAS A PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICA	IN AUTOPSY ORMED? 2 ¶ NO	AM CC OF	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	DUE TO (OR DUE TO (OR Contributing to dec HOSPIFAL: Impellent 2 = ER 28e. DATE OF INJU (Month, Day, N	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): oth but not resulting in four periods and a consequence of conse	28. PLACE OF DEATH (C 28. PLACE OF DEATH (C DTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	n Part I. 24a, WAS A PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICATION OF THE PERFICA	IN AUTOPSY PRIMED? 2 NO 1 INJURY OC	OF 1	AILABLE PRIOR TO MPLETION OF CAUSE DEATH?
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident investigation 3 Suicide 8 Could not be distermined 29e. CERTIFIER (Check only)	DUE TO (OR DUE TO (OR Contributing to dec HOSPITAL: 1	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): With but not resulting in ACOUNTY OF THE INJURY OF TH	28. PLACE OF DEATH (C 28. PLACE OF DEATH (C DTHER: Nursing Home 5 Residence OF 28c. INJURY AT WORK? M 1 YES 2 NO	n Part I. 24a, WAS A PERFIT I YES theck only one) 8 Other (Specify) 28d, DESCRIBE HOW 28t, LOCATION (Street City or Town, Steet City or Town,	IN AUTOPSY DRMED? 2 NO I INJURY OCI I and Number by	CURED CORED CORED	AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 700
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident investigation 3 Suicide 8 Could not be distermined 29e. CERTIFIER (Check only)	DUE TO (OR DUE TO (OR Contributing to dec HOSPITAL: 1	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF): With but not resulting in ACOUNTY OF THE INJURY OF TH	28. PLACE OF DEATH (CONTHER: Nursing Home 5 Residence of Work? M 1 YES 2 NO net, factory, office at the time, date end place, and du in my opinion, death occured at the	n Part I. 24a. WAS A PERFO 1 YES theck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Stree City or Town, Steller to the cause(e) and me time, date and place,	IN AUTOPSY PRIMED? 2 NO I INJURY OCH (and Number or state)	CURED CURED Tor Rural Rout Ind. The cause(s) of	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 MO No Number, No Number, No menner ee stated
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident Investigation 3 Suicide 8 Could not be determined 29. CERTIFIER (Check only one)	DUE TO (OR DUE TO (OR DUE TO (OR Contributing to dec HOSPITAL: 1	AS A CONSEQUENCE OF): AS A CONSEQUENCE OF):	28. PLACE OF DEATH (C 28. PLACE OF DEATH (C DTHER: Nursing Home 5 Residence 28c. INJURY AT WORK? M 1 YES 2 NO net, factory, office at the time, date end place, and de in my opinion, death occured at the 29c. LICENSE NI D + D C	n Part I. 24a. WAS A PERFO 1 YES theck only one) 8 Other (Specify) 28d. DESCRIBE HOW 28t. LOCATION (Stree City or Town, Steller to the cause(e) and me time, date and place,	IN AUTOPSY PRIMED? 2 NO I INJURY OCH (and Number or state)	CURED CORED To Rural Rout Ited.	ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 MO No Number, No Number, No menner ee stated

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Las HARRY	" M.	Cla	rk	10/11/	- 01	DEATH	MO	TE OF DEATH		3	TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 218 09 7623	5. SEX	6. AGE (In yrs. In	est birthday) YRS.	IF UNDER	1 YEAR	IF UNDER 24 HR	7. DA	TE OF BIRTH onth, Day, Year) 3/31/19		Country)	ACE (Stote or Fore
E .	90. FACILITY NAME (If not institution, given Harbor Hospit	· ·					OR LOCATION OF			9c. COUN	TY OF DEAT	ΓN
16	RESIDENCE OF DECEDENT	our center			Dai	CIN	Ore	CIU.	Y			
DIRECTOR	Maryland Ar	m ne Arunde	e1	5.00	y, rown o							d. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER		16.			10	H. ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
H	437 Church Str	eet	نبال الما				21225			U	.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 X YES 2 D WAR OR DATES WAR II		- 4	t yes, s	CENDENT OF NIS pecify Cuben, Mei B 2 X NO Sp	dcen, Puer		or No—	14. RACE — Black, V Specify:	American India Inite, atc. White
9	15. OECEDENT'S Et (Specify only highest gra	DUCATION	16e, D	ECEOENT'S	USUAL O	CCUPATI	ION ost of working		16b. KINO OF BU	SINESS/INDU	ISTRY	
ONCE.	Elementary/Secondary (0-12)	College (1-4 or 5	+)	w. Do NOT us	se retired.)				D 11.			
OMP			F	ainte	er				Bethl		Steel	
	17. FATHER'S NAME (First, Middle, Last)	Harry M.	Clark						st, Middle, Maiden		k	
	19a, INFORMANT'S NAME (Type/Print)	IIII II III		95 MAILING	ADDRESS	/Streat	end Number or Ru					
TO BE	Patricia Fay F	Kelly	5	519 H	oly (cros	ss Road	Ba	1timore	, Mar	yland	
MUST	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		20b. PLACE cerpetery. cr MCCC		emato	ry,	Inc.	12,	/13 Ba		re, M	aryland
ехашине	21. SIGNATURE OF FUNDRAL SERVICE	LICENSEE	lonce	>			no address of ge J. Go Ritchie					
CATION	immediate conditions, if any, leading to immediate	. Pue	O (OR AS A CONSE	ren	P): 1/1	bi	fue	Ju Ju	lun	ny	ds.	Interval Be Onset and
CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	O (OR AS A CONSE			1						
: MEDICAL	PART II. Other algorificent conditions are also also also also also also also also	www.	o death but not	resulting	in the un	denyir	ig cause given	In Part I.	24a. WAS AN PERFOR	RMED?	AV CC	ERE AUTOPSY FI MILABLE PRIOR TO OMPLETION OF C T DEATH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL		a to produce			26. P	LACE OF DEATN	(Check only	r one)			
Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 Nun		ne 5 🗆 Residen	ce 8 🗆 O	ther (Specify)			
BY PHY	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF (Month, L		26b. TIN	ME OF JURY M	W	JURY AT ORK? YES 2 NO	26d. I	DESCRIBE NOW I	NJURY OCC	JRED	
TED	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE (building	OF INJURY — At h , atc. (Specify)	ome, farm,	street, fact	ory, offic	CO	281. L	OCATION (Street of lifty or Town, State)	and Number o	or Rural Rout	e Number,
MP I	29e. CERTIFIER (Check only one) 1 CERTIFYINO PHY	/SICIAN: To the best of										nd manner es st
TO BE CO	29b. SIGNATURE AND TITLE OF CERTIF	any	5				29c. LICENSE		their			onth, Day, Year) 93
	PO LANDO G. U	1. ARAT	14511	EM 27) (Type	300	(S 1/hu:	VER	· Bal	husk	re, il	W2/2
	DEC 1 4 1993		AR'S SIGNATURE	a								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

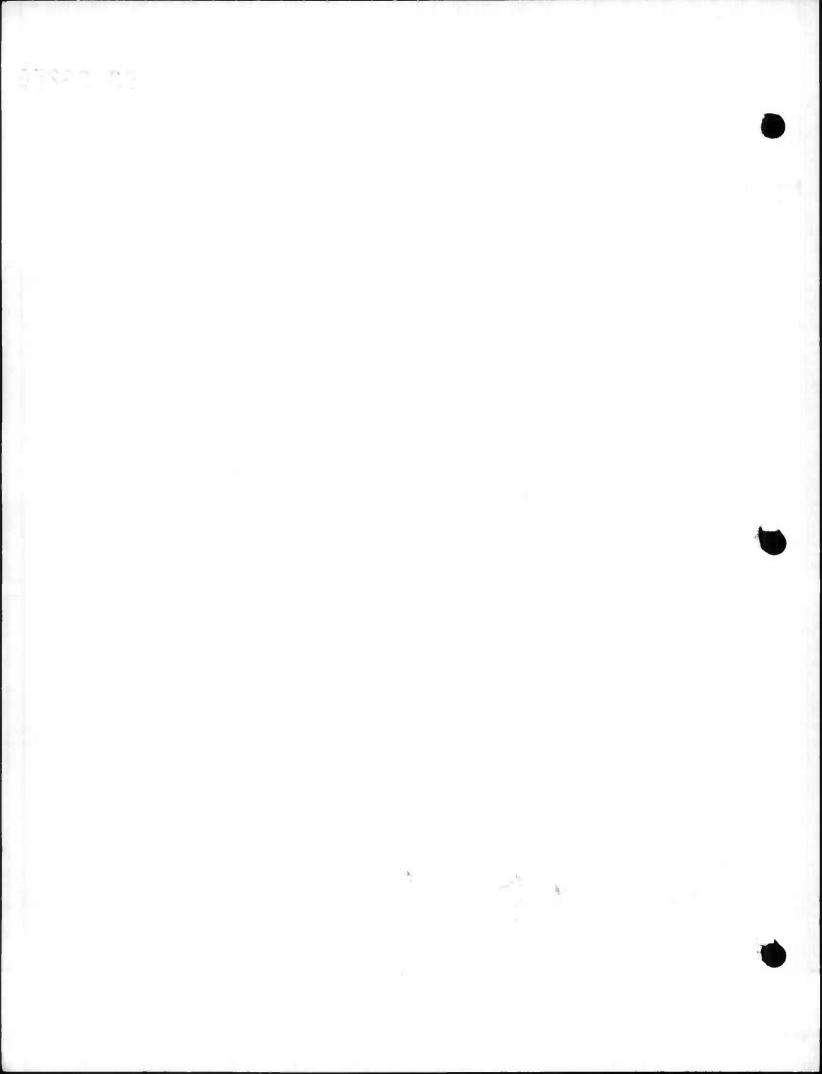
BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within is most. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

					10/11	- 01	DEA			EG. 140.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	Edward F	ranklin	Cro	SS					монтн 12-	06-	93	YEAR	8:30A =
	4. SOCIAL SECURITY NUMBER	5, SEX	8. AGE (In yrs. is	at hirthday)	IF UNDER	1 YEAR	IF UNDER	24 MDS	7. DATE OF I		-	a munti	IPLACE (State or Foreign
	245 40 2226	1 🖳 M 2 🗆 F			MONTHS	DAYS	HOURS	MIN.	(Month, De	y, Year)		Count	ry)
	215 10 2226		8	5 YRS.				6.5	9-1:	2-07		Nor	thCarolina
_1	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY,	TOWN (OR LOCATI	ON OF DE	ATH		9c. COL	NTY OF D	EATH
8	2457 Shirley A	venue			R:	1+	imor	0				NT 77	
DIRECTOR	RESIDENCE OF DECEDENT					110.	LINOI	-				NA	
Ĭ	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
5	Maryland	na			Do I	1 4 4 4	nore						LIMITS?
	10e. STREET AND NUMBER	IIa			Dal		. ZIP COD	_			44117		
A I	Contract terminates					101	. ZIP COU	E			10g. CIT	IZEN OF V	WHAT COUNTRY?
9	2457 Shirley	Avenue						212	15			US	A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. 1	WAS DEC	ENDENT C	OF HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACI	E — American Indian,
	1 Never Married 2 Married	IF YES, GIVE W	MR OR DATES	No				m, Mexicar Specify	, Puerto Rica	n, etc.)		1000	k, White, etc.
BY	3 Widowed 4 Divorced			NO				C.P. C.I.Y				- Space	My: Black
ETED	15. DECEDENT'S EDU	CATION	16a. D	ECEDENT'S	USUAL OC	CCUPATK	ON		16b. KIN	ID OF BUS	SINESS/IN	DUSTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)		446	live kind of a NOT u	work done o	during mo	st of working	ng					ices
21	Elemental y Secondary (0-12)	College (1-4 or 5 d	•)		1				Ja	nıt	or s	erv	ices
Σ													
COMPL	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAI	AE (First, Midd	le, Maiden	Sumame)		
ш	Frank Cross						Ma	rv A	dams				
8	19a. INFORMANT'S NAME (Type/Print)		11	b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	oute Number, (City or Town	n, State, Zi	o Code)	
2	Cvnthia Bell		- 1							•			
- 1	20a, METHOD OF DISPOSITION						CHEAT I						
	1 🗆 Burial 2 🗆 Cremation 3 🗆 Rem	oval from Stata	20b. PLACE cemetery, cr			ITION (Ne	ime of		DATE	20c. LO	CATION —	City or To	wn, State
- 1	4x Donation 5 Other (Specify)	1							1				
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSERODal	d Wade	, Di	r 22.1	NAME A	ID ADDRE	SS OF FAC	Sta	te	Anat	omv	Board
	Janel Veel 1	1/1/10	1-7		6	5 5 W	Da 1	l + i m	oro	+ P	21+	MD	21201
	/ Maring /	ruce										-	21201
ŀ	23. PART I. Enter the diseases, or o shock, or heart fellure.	omplications the	t caused the d	eath. Do	not enter	the mo	de of dy	ing, such	as cardiac	or respi	ratory ar	rest,	Approximate
	IMMEDIATE CAUSE (Final	List Only One Cau	Se on each lin	o.					L L				Onset and Death
	disease or condition	(00	tin	, ,	-1	-/2		- H	1			
ï	resulting in death)	DUE TO	108 AS A CONS	OUENCE O		47	40	uy	Space	7_			
		002 10	(OH AS A CONSE	GUENCE U	r):		4.0	1	spate usent	2	1		.
CERTIFICATION	Sequentially list conditions,	b	Hype	ne	usu	H (dry	100	agent	0- 0	un	eare	
Ĕ	if any, leading to immediate	DUE TO	(OR AS'A CONSE	QUENCE O	F):								
2	CAUSE (Disease or Injury	C											1
<u> </u>	that initiated events	DUE TO	(DR AS A CONSE	QUENCE O	F):								
E	resulting in death) LAST	d.											
EDICAL	PART II. Other algnificent condition	a contributing to	deeth but not	resulting	in the un	deriyin	g cause (given in i	Part I. 24	. WAS AN		24b	WERE AUTOPSY FINDINGS
2		ATRIM	below	ulla	Lion	9							COMPLETION OF CAUSE
	-	1	. or Vice	10	ual	1	rail	11 -	_ ''	YES 2	HO HO		OF DEATH?
Σ	*	1	Vocace			-6	1000		_				1 TES 2 NO
PHYSICIAN:													
§ I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF D	EATH (Che	ck only one)				
is I	1 TES 2 NO	HOSPITAL:	ER/Outpatient	DOA	OTHER	i: Una Hom	6 T Pe	Manca .	6 ☐ Other (Sp	acily)			
₹ ∥	27. MANNEB OF DEATH	26a. DATE OF	INJURY	28b. TIM	- 7	28c, INJ			28d. DESCRI		HIRTY OC	CHRED	
	1. Natural 5 Pending	(Month, D		- IN-	URY	WO	RK7	7	LVG. DEQUIM	DE HOW II	worth oc	COMED	
B	2 Accident Investigation						rES 2	NO					
ا ۾	3 Suicide 8 Could not be	26a, PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm,	street, facto	ory, offic			28f. LOCATIO City or To	N (Street a	nd Numbe	r or Rural F	Route Number,
								- 1					
щ п	4 Homicide determined			eath occum	ed at the N	me date	and place	and thus	o the course	\ h		HOT I	
2 1	200 CENTIFIED	CIAN: To the best of	my knowledge d		on at the ti							180.	
MPL	29a. CERTIFIER Check only 1 CERTIFYING PHYSI				n la mu	ninies +	anth nan-	and at the s	denn den	alees -	d dec		
COMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	R: On the basia of ex			on, in my o	pinion, d	eath occur	red at the t	ime, date and	place, and	d due to ti	he cause(s	i) and manner as stated.
E COMPLETED	29a. CERTIFIER Check only 1 CERTIFYING PHYSI	R: On the basia of ex			on, in my o	pinion, d		ed at the I		place, and) and manner as stated. (Month, pay, Year)
BE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	R: On the basia of ex			on, in my o	pinion, d				place, and			
	296. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 296. SIGNATURE AND TITLE OF CERTIFIE	R: On the basia of a	camination and/or	Investigation	10	pinion, d				place, and			
BE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	R: On the besia of each	SE OF DEATH (ITE	Investigation	Print)		29c. LICE	200	BER 940				
BE	29a. CERTIFIER Check only 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	OCOMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	Print)		29c. LICE	200	BER 940				
BE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	OCOMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	Print)		29c. LICE	200	BER 940				



OHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. OECEDENT'S NAME (First, A							2. DATE MONTI		YEAR	3. TIME OF DEATN
	ROBERT		INS, Sr				1	Decer		1993	7:25 P.M
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lesi		IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH I, Day, Year)	Count	HPLACE (State or Foreign try)
	213-28-3339		67	YRS.					pary 18, 1		ryland
œ	9e. FACILITY NAME (If not insti				96. CITY		OR LOCATION OF E		94	c. COUNTY OF	DEATH
0	328 Stanmor					Roc	lgers Fo	rge		Balt	imore
EC		Ob. COUNTY		10c, CIT	Y, TOWN C	R LOCA	TION				10d, INSIDE CITY
DIE	Maryland	Baltimore				Roc	lgers Fo	roe			LIMITS? Y
A L	10e. STREET AND NUMBER	201101010					ZIP COOE	180	10	g. CITIZEN OF	WHAT COUNTRY?
ER	328 Stanmor	e Road					2121	2		TT	S.A.
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT					ENDENT OF NISPA	ANIC ORIGIN		No. 14 BAC	F - American Indian
BY F	1 Never Married 2 X M 3 Widowed 4 Divorce		YES 2 N	Q			ecify Cuban, Maxis 2 NO Spec		Rican, etc.)		k, White, atc.
		I WW .	I								WILLC
TED	15. DECEL (Specify only i	DENT'S EOUCATION highest grade completed)	(G/	ve kind of	Work done		ON est of working	-	KIND OF BUSINE		
COMPLET	Elementary/Secondary (0-1)		se retired.)			Pr	esident	of Und	lerwriter's
MP		4 years	Ins	uran	ce A	d jus			spection		any
8	17. FATHER'S NAME (First, Mide								Middle, Maiden Surr	name)	
BE	Harold Mac						Lydia				
2							and Number or Rura				01.01.0
	M. Carol Cum		20b. PLACE A				Road B		ore, Ma:		
	NO Burial 2 Cremation 4 Donation 5 Other (S		cometant cres	motory or o	ther placel			1			
-1	21. SIGNATURE OF FUNERAL		Lorra	ine			netery		.DOOW [E	rawn, M	aryland
	Learne ;	, Ferran			M	itch	ell-Wie	defel	d Home		
	George	J. Ferrarse			6	500	York Ro	ad B	altimore	e, Mary	land 21212
NO	IMMEDIATE CAUSE (Fine disease or condition resulting in death) Sequentially list condition	DUE TO	OR AS A CONSEC	IVENCE O	F):	tot	E, ma	tasi	ohe		Onset and Death
MEDICAL CERTIFICATION	if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	G c.	(QR AS A CONSEC								
8	BART II Other significant		d= 245	- det -	1 - 45					Y	
M	C C COOP angritteen	Obstructure	Chiles & A. a.	Buiting	In the un	deriyin	g cause given ii	n Part I.	24a. WAS AN AUT PERFORME		MAILABLE PRIOR TO
ă	1hl.	"	UNN = N. B.	7	1/13	40	٥		1 🗌 YES 2 😭	NO	OF DEATH?
_	Tyuna	MSion	44 4 4								1 TES 2 NO
Ä	25. WAS CASE REFERRED TO		nellit	74							
2	EXAMINER?	HOSPITAL:			OTHER	3:	ACE OF DEATH (C				
PHYSICIAN:	1 VES 2 NO	1 Inpatient 2 I		28b, TIN			ne 5 MResidence	1			
BY PF	1 Natural 5 🗆 Pe	(Month, De	ny, Yber)		JURY M	WC	PURY AT DRK? YES 2 NO	28d. DE	CRIBE HOW INJU	RY OCCURED	
			F INJURY — At horetc. (Specify)	me, ferm,	street, fact	ory, offic			ATION (Street and a or Yown, State)	Number or Rural	Route Number,
COMPLETED	anel oray	YING PHYSICIAN: To the best of an EXAMINER; On the basis of an									e) and manner as stated,
TO BE C	296. SIGNATURE AND TITLE 9	fongler	Com				29c. LICENSE N	UMBER GG 3	7 1	d. DATE SIGNED	(Morth, Day, Year)
	BARRY &	QUEPHS -	600 C	27) (1/100	ER.	DI	e 7	KIND	N NC	es en	4051
	UEC 14 19	93 guha Tur	Lan-Aand	TE.							

	- STATE REGISTRAR	C	ERTIF	ICATE OF			REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last) CLARENCE HERMAN (CHRISTNER		TONIE C.			2. DATE OF DEATH MONTH DA	AY YE	3. TIME OF DEATH 3. 5:45 Pm
	4. SOCIAL SECURITY NUMBER 209-03-5697 125 M 2		yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 2	MIN.	7. DATE OF BIRTH	8. 9	BIRTHPLACE (State or Foreign Guntry)
TOR	99. FACILITY NAME (If not institution, give street and num Goodwill Nursing Co		- 77	95. CITY, TOWN			ATH	9c. COUNTY Gari	of DEATH rett
DIRECTOR	100. STATE 106. COUNTY PA Somerset			y, town on Local					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10a. STREET AND NUMBER 209 2nd Ave.			1	or. ZIP CODE	552		_	OF WHAT COUNTRY?
B⊀	1 Never Married 2 - Merried FORCE	ECEDENT EVER IN U.S. AI S? 1 YES 2 GIVE WAR OR DATES	RMED NO	If yes, s	CENDENT OF pecify Cuben,	Mexican	IC ORIGIN? (Specify Yee , Puerlo Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1	-4 or 5 +)	ECEDENT'S Give kind of a. Do NOT u		ION lost of working		BO Ra:		
	17. FATHER'S NAME (First, Middle, Last) Francis Christne		Laci		18. MOTHE	rs nam	ME (First, Middle, Meiden a Hughes		1
TO BE	190. INFORMANT'S NAME (Type/Print) Lynnie O'Neil	19			end Number o	r Aural Ad	oute Number, City or Town		
	20a. METHOD OF DISPOSITION			of disposition in their place) His	hland	i	DATE 20c. LOC	CATION — City	or Town, State
	4 Donation 5 Other (Specify)	Dec	embe	7 7 P	MD ADDRESS	2000	JIZ//Gari	rett,	Pa. 15542
	M. Ray Lehent 23. PART I. Enter the glasses, or complicated	01009	4-1	M. R	ay Le	ecke	emby Fune		
	immediate cause (Final disease or condition resulting in death)	and to propue to (or as a conse	OUENCE O	ra tor	(Co	Ilapse	ratory screat,	Interval Between Onset and Death
CERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE O	0	/ / 5	7) S	ease,		geprs.
- 1	PART II. Other significant conditions contribut	ing to death but not	resulting	in the underlyir	ng ceuse gl	ven in P	Part I. 24e. WAS AN		24b. WERE AUTOPSY FINDINGS
MEDICAL	Congestive HIA	r's D		tia			PERFOR		MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	OF DA	seas		LACE OF DEA	TH (Char	The service of the se		
SIC	EXAMINER? 1 YES 2 NO 1 Inpette	AL: nt 2 ER/Outpatient 3	DOA	QTHER:			Other (Specify)		
BY PHYSICIAN:	27. MANNER OF DEATH 28a. D	ATE OF INJURY fonth, Day, Year)	26b. TIM	E OF 28c. IN	JURY AT ORK? YES 2		28d. DESCRIBE HOW IN	JURY OCCURE	EO
8	3 Suicide 26e. Pi	LACE OF INJURY — At houlding, etc. (Specify)	ome, lerm,	street, factory, offic	00		281. LOCATION (Street as City or Town, State)	nd Number or R	ural Floute Number,
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beautiful on the decided of the control of the decided on the decid								use(s) and manner on stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	200	7		29c. LICEN	SE NUME	BER	29d. DATE SIG	GNED (Month, Day, Year)
70	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	1	Jus.		D 3	40	79	12/	4193
	Vames E. B	eitzel	M 27) (Type	Print) G	ran-	1sv	ille m	D 2	11536
	DEC 14 1993	GISTRAR'S SIGNATURE	بالمال						

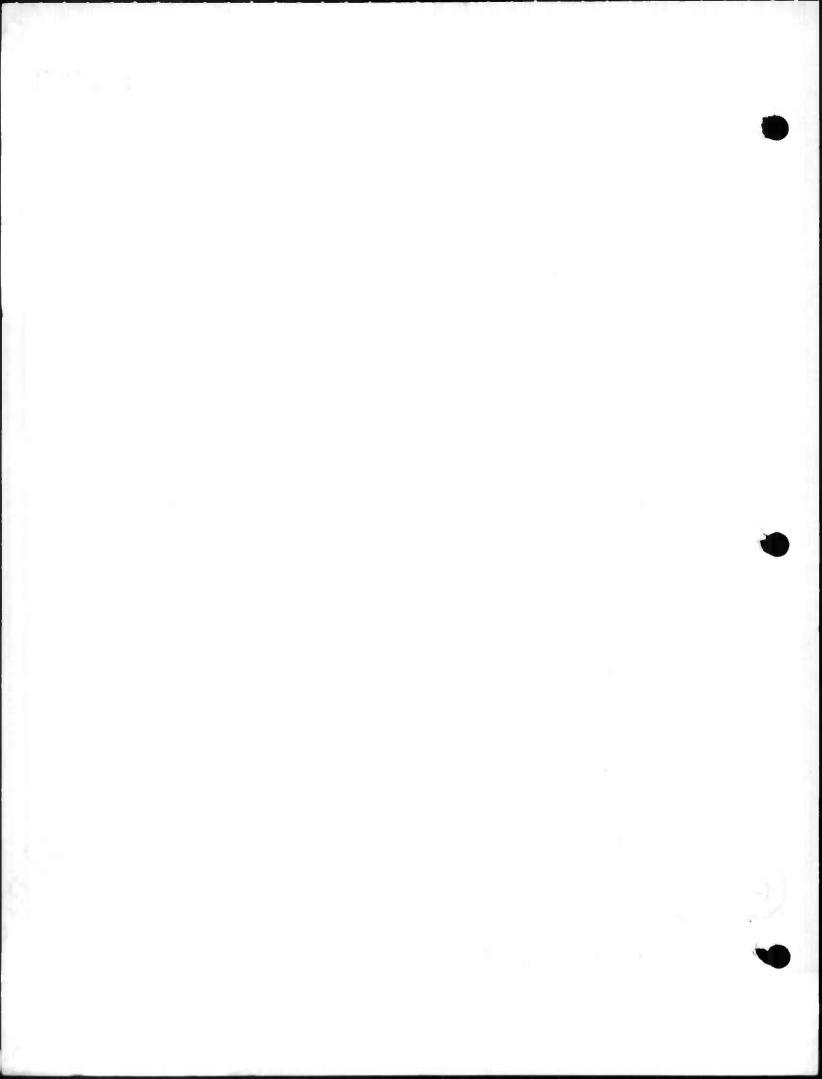
IN HIGHTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a cours after death. Page 6 may be retained by the hospital or attending physician.

THE PARAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

HINNT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



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INISION OF VITAL RECORDS, P.O. BOX 68/60.	RATENDING PHYSICIAN: The law requires that the death certificate he executed within
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BALLIMORE, MARYLAND 21215-0020	mours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	to medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760.	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1.	DECEDENT'S NAME (First, Middle,	Last)			ICATE OF			2. DATE OF I	EATH DA		War a -	3. TIME	OF DEATH	
	Bernice O	'dell (COLLIER					12	DA		1993	2::	20	ам
	SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER	R 24 HRS.	7. DATE OF E	HRTH (, Year)	F) II	a. BIRTN Countr	PLACE (State or Fore	ign
	238 40 2869	1 M 2 □ F	69	YRS.				10/1	3/19	7			Caro	li
	a. FACILITY NAME (If not institution,		t-1 (1-)		9b. CITY, TOWN		ON OF DE	EATH		9c. COI	UNTY OF D	EATN		
F	Franklin Squ		tal te	11.	Rossvi	тте	_			Ba	altim	ore		
N.		ounty ltimore			Y, TOWN OR LOCA	TION			W.U	111		LIB	SIDE CITY	
-	nal y Land Da	ItImore		Ess		of, ZIP COD	de.		_	40 00			ES 2 X N	10
1	263 Southea	stern Ter	race		10	212					S.A		UNTRY7	
1	I. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR			CENDENT C	OF NISPAN	IIC ORIGIN? (S			14. RACE	E Ame	rican Indian	٦,
13	Never Married 2 Married □ Widowed 4 □ Divorced	IF YES, GIVE Y	MAR OR DATES	10		pecify Cube S 2 XNO		n, Puerto Ricar	, etc.)		Speci	k, White, fly:		
Ľ			War 2									Wł	nite	
L	15. DECEDENT'S (Specify only highest	grade completed)	(GI	Ve kind of w Do NOT us	USUAL OCCUPATE vork done during mo se retired.)	ION lost of workin	ng	16b. KIN	D OF BUS	SINESS/IN	DUSTRY			
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	achin				S	hip	Yard	1			
17	7. FATNER'S NAME (First, Middle, Les					18. MOT	HER'S NA	ME (First, Middl			100			т
L		rvin Coll	ier			A	nnie	Jer	igan	i				
	inethy Collier				AODRESS (Street le lena Re									
-							art of				- City or To			
	a. METHOD OF DISPOSITION ☐ Burlal 2 ☐ Cremation 3 ☐ ☐ Donation 6 ☐ Other (Specify)			matorecon	Per Plan	lard.	12/	10/93			re G			d
1	I. SIGNATURE OF FUNERAL SERVI				98 NAME A	NO ADDRE		uneral		_		-	0 0	
	11 /2		0											
	7110	1	-lan									1221		
1 2	3. PART L Enter the diseases	a, or complications the	at coused the de	eth. Do n	1407	Easte	ern .	Ave Ba	ltim	ore	Md 23	_	paravime	la la
		a, or complications the	at coused the de	eth. Do n	1407	Easte	ern .	Ave Ba	ltim	ore	Md 23	A	pproximat	twee
H	ahock, or heart fail MMEDIATE CAUSE (Final Illegies or condition	a, or complications the	at coused the de use on each line	eth. Do n	1407	Easte	ern .	Ave Ba	ltim	ore	Md 23	A		lwee
H	MMEDIATE CAUSE (Final	a, or complications the liure. List only one can	at coused the deuse on each line	ste	1407 not enter the mo	Easte	ern .	Ave Ba	ltim	ore	Md 23	A	tarval Bel	twee
li d	MMEDIATE CAUSE (Final lisease or condition eaulting in death)	a. Due to	ARMAN AS A CONSECULAR	DUENCE OF	1407 not enter the mo	Easte	ern .	Ave Ba	ltim	ore	Md 23	A	tarval Bel	lwee
H d	wheel are cause (fine) lisease or condition eaulting in death)	a. Due to	April	DUENCE OF	1407 not enter the mo	Easte	ern .	Ave Ba	ltim	ore	Md 23	A	tarval Bel	lwee
H do n	ahock, or heart fal MMEDIATE CAUSE (Final liseage or condition equiting in death) Sequentially list conditions, f any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury	a. Due to	ARMAN AS A CONSECULAR	DUENCE OF	1407 not enter the mo	Easte	ern .	Ave Ba	ltim	ore	Md 23	A	tarval Bel	twee
in de la constant de	ahock, or heart fal MMEDIATE CAUSE (Final lisease or condition esulting in death) Sequentially list conditions, if any, leading to immediate souse. Enter UNDERLYING	a. Due to	USE ON EACH IIINE	DUENCE OF	1407 not enter the mo	Easte	ern .	Ave Ba	ltim	ore	Md 23	A	tarval Bel	twee
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H d	Anock, or heart fel MMEDIATE CAUSE (Finel Isseed or condition equiting in death) Sequentially list conditions, fary, leading to immediate ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events equiting in death) LAST	a. Due to Due to Due to d. Due to d.	OOR AS A CONSECUTION OF AS	DUENCE OF	1407 not enter the mo	Easte ode of dy	ern ding, such	h as cardiac	ltim or respi	AUTOPSYMED?	Md 23	In O	tarval Bel	Deat
H d	Ahock, or heart fel MMEDIATE CAUSE (Finel Ilseade or condition esuiting in death) Sequentially list conditions, f any, leading to immediate ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST	a. Due to Due to Due to d. Due to d.	OOR AS A CONSECUTION OF AS	DUENCE OF	1407 not enter the mo	Easte ode of dy	ern ding, such	h as cardiac	ltim or respi	AUTOPSYMED?	Md 23	MERE AMAILAB COMPLE	UTOPSY FIN ILLE PRIOR TI TITON OF CA	OING:
H dd r	Anock, or heart fel MMEDIATE CAUSE (Finel Isseed or condition equiting in death) Sequentially list conditions, fary, leading to immediate ause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events equiting in death) LAST	a. Due to Due to Due to d. Due to d.	OOR AS A CONSECUTION OF AS	DUENCE OF	1407 not enter the mo	Easte ode of dy	ern ding, such	h as cardiac	ltim or respi	AUTOPSYMED?	Md 23	MERE AMAILAB COMPLE	tarval Beinset and	OINGS
H dd r	MMEDIATE CAUSE (Final Mediate or condition esuiting in death) Sequentially list conditions, francy, leading to immediate cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST PART II. Other significant conditions, and the conditions of the c	a. Due to b. Due to c. Due to d. ditions contributing to	OOR AS A CONSECUTION OF AS	DUENCE OF	not enter the mo	Easte ode of dy	ern ding, such	h as cardiac	ltim or respi	AUTOPSYMED?	Md 23	MERE AMAILAB COMPLE	UTOPSY FIN ILLE PRIOR TI TITON OF CA	OINGS
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## dd	Abock, or heart fel MMEDIATE CAUSE (Finel lisease or condition esulting in death) Sequentially list conditions, of any, leading to immediate lause. Enter UNDERLYING LAUSE (Disease or injury hat initiated events esulting in death) LAST PART II. Other significant conditions of the limitiated events esulting in death) LAST S. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 20e. DATE Of	O (OR AS A CONSECTION OF AS A CO	DUENCE OF	26. POTHER: A Nursing Hone E OF 28c. IN. W	Rasta ode of dyl	given in	Part I. 24s	. WAS AN PERFOR	AUTOPSY MED?	Md 23	MERE AMAILAB COMPLE	UTOPSY FIN ILLE PRIOR TI TITON OF CA	OINGS
Hidden State of the Control of the C	MMEDIATE CAUSE (Finel Isseed or condition equiting in death) Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING AUSE (Dissees or injury hat initiated events esuiting in death) LAST PART II. Other significant conditions and the condition of the c	a. Due to b. Due to d. Due	O (OR AS A CONSECTION OF AS A CO	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMM	26. POTHER: 4 Nursing Hone URY M 1	Raste ode of dyl	given in	Part I. 24a Part I. 24a Other (Sp 28d. DESCRIII	. Was an Perfor	AUTOPSY IMED?	Md 22 rrost, 24b	WERE AN AMALAB COMPLET OF DEAT	UTOPSY FIN ILLE PRIOR TISTION OF CA INT!	OING:
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## dd n	MMEDIATE CAUSE (Final Mediate or condition woulding in death) Sequentially list conditions, from the cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST PART II. Other significant conditions or conditions or conditions. S. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 7. MANNER OF DEATH 1 Netural 5 Pending investigated investigate	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. Inpatient 2 [Month, L	OF INJURY — At ho. etc. (Specify)	DUENCE OF DUENCE OF DUENCE OF DOA 28b. TIMI	26. POTHER: 4 Nursing Hone E OF 28c. IN. WW. W. W. W. W. W. W. W. W. W. W. W. W	PLACE OF D PLACE OF D JUHY AT ORK? YES 2	given in	Part I. 24a eck only one) 6 Other (Sp 28d. DESCRIII 281. LOCATIO Chy or 70	. WAS AN PERFOR	AUTOPSY MED?	224b	WERE AN AMALAB COMPLET OF DEAT	UTOPSY FIN ILLE PRIOR TISTION OF CA INT!	OING:
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O Chronic Renal Factors of the supplication of		ifficate be executed via physician and component prior to burial, component traumatic even	IFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	B,
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		ORDS that the ed by the th and Me	CAL		_
		VITAL AN: The law tificate has be State Dept.		25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSI 1 X In
		N OF G PHYSICI Fr this cert th with the	Y PH	27. MANNER OF DEATH 1. Netural 5 Pending 2 Accident Investigation	28
		ATTENDING CTOR: After after dea	TED B	3 Suicide 8 Could not be 4 Homicide determined	26
		DIV TAL OR A RAL DIRECT 72 hours	MPLE	anal comp	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO 1 X Individual To Part of the Property of the Propert	,	E FUNEI Ed Mithin	· w		
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle Genevieve	, Last)			CIDA	(Thte	,		2. DATE (OF DEATH	WY	YEAR	3. TIME OF DEATH	
	Table 1	M.		CUMM					mher	9 1	993	11:50 P	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		ONTHS (YEAR DAYS	IF UNDER	24 HRS.	7. DATE 0 (Month,	Day, Year)		8. BIRTI Count	IPLACE (State or Foreign ry)	
220-14-9943	1 M 2 F	76	YRS.					Sept	2, 1	917	Ma	ryland	
9a. FACILITY NAME (If not institution	a, give street and number)		1	b. CITY, T	OWN O	R LOCATION	ON OF D	EATH		-	INTY OF C		
Franklin Sous	re Hospita			Ross	vi	le				Ba.	ltim	ore	
10e. STATE 10b. (COUNTY		toc. CITY,	TOWN OR	LOCAT	ON		2 71				10d. INSIDE CITY LIMITS?	
	Baltimore		Esse	<u> </u>								1 YES 2 NO	
10e. STREET AND NUMBER					101.	ZIP CODI	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
539 South May						2122				U.	S.		
11. MARITAL STATUS 1 Never Married 2 Marrie	FORCES?	TEVER IN U.S. AR	MED 10	13. WA	S DECI	CITY Cube	OF HISPA	NIC ORIGINT	(Specify Yelcan, etc.)	e or No-	14, RACI Blac	E — American Indian, k, White, stc.	
3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 [YES	2 NO	Specif	fyr			Spec		
15. DECEDENT	'S EDUCATION	18a. DE	CEDENT'S US	BUAL OCC	LIPATIO	M		166	KIND OF BU	CINECC/INI	DUSTRY	White	
(Specify only higher Elementary/Secondary (0-12)	college (1-4 or 5	(G	lve kind of wor Do NOT use	k done dur			ng	1.00.	raine or eo	Oliveooriivi	DOGINI		
ry	Conage (1-4 or 5		se Wi:	60				1	lome				
17. FATHER'S NAME (First, Middle, L	eat)	20007.63	SC WIL	10		18. MOTI	HER'S NA	AME (First, M		Sumame)			
John Gmurek								n Mai		,			
19a. INFORMANT'S NAME (Type/Prin	nt)	191	b. MAILING A	DDRESS (S	Street ar						p Code)		
Edward H.	Cummins III											d 21221	
20a. METNOD OF DISPOSITION		20b. PLACE	ANDDATEOF	DISPOSITI				DATE		CATION -	-		
Burial 2 Cremetion 3 [Removal from State	cemetery, cre	matory or othe	r place)	Cor	net es	me 1	2/74/	03 E	207+4	WAY	City, Md.	
21. SIGNATURE OF PUNERAC SERV	ICE LICENTIAE	1000	Schings,	22. NA	ME AN	D ADDRES	SS OF FA	ACILITY				CITY CH	
Machen	1120	chil		B				Funer	-				
23. PART L Enter the disease				1 14	107	Mas	term	Aven	na E	ssex	Ma	ryland 212	
Sequentially list conditions, if any, leading to immediate	Myocan	o (or as a consecutive of the co	farcti	on									
CAUSE (Disease or injury		ary Arter		ease									
that initiated events resulting in deeth) LAST		OR AS A CONSEC Cension	DUENCE OF):										
	d. Hyperi	Lenston											
PART II. Other significant cor	nditions contributing to	death but not r	esulting in	the unde	erlylng	couse (given in	Part I.	24a. WAS AN		248	. WERE AUTOPSY FINDIN	
Chronic Re	nal Failure	Atria	l Fibr	1112	tio	n		100	PERFO		A N	AMILABLE PRIOR TO COMPLETION DF CAUSE	
		,		-1110					I I TES	7 110		OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 No Inpetiant 2 ER/Outpetiant 3 DOA 2 No Inpetiant 2 Section 1 No Inpetiant 2 Section 1 No Inpetiant 2 Section 2 Section 2 Section 2 Section 2 Section 3 DOA 2 Section 3 DOA 2 Section 3 DOA 2 Section 3 DOA 2 Section 3 DOA 3 SECTION 3 DOA 3 SECTION													
EXAMINER? 1 VES 2 XNO 1 No inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 8 Other (Specify)													
27. MANNER OF DEATH	28a. DATE O	FINJURY	28b. TIME	OF 2	Bc. INJI	JRY AT		-	CRIBE NOW	INJURY OC	CURED		
Natural 5 Pendin	9	Day, Year)	INJUF		1 Y	ES 2	NO						
2 Accident investig	28e. PLACE	OF INJURY At ho , etc. (Specify)	me, farm, str	et, factory	y, office			281, LOCA	TION (Street	and Numbe	or or Rural	Route Number,	
4 Homicide determ		, Stor (Openny)						City o	r Town, State,				
anal	PHYSICIAN: To the best of											s) and menner as stated	
296, SIGNATURE AND TITLE OF CE	PATIFIER	Sun	- CALE	>		29c. LICI	ENSE NU	MBER		29d. DAT		(Month, Day, Year)	
30. NAME AND ADDRESS OF PERS	ON WHO COMPLETED CAL	ISE OF DEATH ATE	M 27) (3-00 0	wind)				120			12-	-9-93	
							-	1					
BOON Tim M 31. DATE FILED (Month, Day, Year)	32 DECESTE	Franklin		re D	riv	e P	alt	imore	MD	2123	37		
DEC 1419	193	Sinden ?	wine										
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 36261

	1. DECEDENT'S NAME (First, Middle, Las ANDREW	0	100	CI	ARK			2. DATE O	DAY		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. ie		IF UNDER 1 Y	EAR IF U	NDER 24 HRS.	7. DATE 0	-3-9		I. BIRTHPL	1413 ACE (State or Foreign
	094 24 1203	13 M 2 🗆 F	83	YRS.	MONTHS D	WS HOU	TIS MIN.		Day, Year)		Country)	Jersey
~	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LO	CATION OF DE			9c. COUNT		
DIRECTOR	Washington Co	unty Hos	spital		На	gers	town			Wash	ingt	on Co
REC	10s. STATE 10b. COUN	ITY		10c. CI	TY, TOWN OR L	OCATION	9 10				10	d. INSIDE CITY LIMITS?
	Maryland Bor	merset C	0	Pr	inces	101. ZIP						YES 2 NO
UNERAL	10453 Blue	Bird Dri	W O			101. 20		853			JSA	T COUNTRY?
FUN	11. MARITAL STATUS	12. WAS DECEDEN	NT EVER IN U.S. AI		13. WAS	DECENDE	NT OF NISPAN Cuben, Mexica	IC ORIGIN?	(Specify Yes		4. RACE -	American Indian, fhite, etc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE Y	MAR OR DATES				NO Specify		cen, etc.)		Specify:	White
G	15. DECEDENT'S EE (Specify only highest gra-	Retire	16a, Di	ECEDENT'S	USUAL OCCU	PATION		16b. I	(IND OF BUS	INESS/INDU	STRY	WILLCE
LET	Elementary/Secondary (0-12)	College (1-4 or 5	106	. Do NOT u	work done duri	ig most or w	vorking	US	Nav	У		
COMPL	12+					1,0,1	MOTNER'S NA	ME /El-s A4	eletto. Maleton f	S.,		
BE C	, , , , , , , , , , , , , , , , , , , ,					10.1	MOTHER S MA	MC (rist, Mi	udie, Walderi S	surneme)		
TO B	19a, INFORMANT'S NAME (Type/Print)				ADDRESS (S							
-	Georgia Lee C	lark					rd Dr			_		21853
23	1 Burial 2 Cramation 3 Re 4 Donation 5 Other (Specify)	movel from State	cemetery, cri		OF DISPOSITION (Contract)	N (Name of		OATE	20c. LOC	ATION - CI	ty or Town	State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE Kona	ald Wad	le,D	i. r 22. NAI	ME AND AD	DRESS OF FA	CILITY	Stat	e An	atom	yBoard
	Markel/1	Model	1,		655	W.B	altim	oreS	t,Bal	Lto, N	1D 2	1201
	shock, Dr heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Ventrice DUE TO			and rus	ultan	t select	omethi	mial	diesou	atim	Interval Between Onset and Das
NO	Sequentially list conditions,	b. Acute	myound	ial u	nfacti	m						3 days pr
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	. Fairard	I'M CENTA	A A A	F):	. di	116.10					3 days pr Imag-stand
LIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	OUENGE O	PF):	30.0	,		F.			Title Stewno
CER	resulting in death) Exst	d										
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BE COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 SOnpetient 2 (20s. DATE OF (Month, L) 28s. PLACE C building, 28c. PLACE C build	FINJURY Dey, Year) OF INJURY — At his etc. (Specify) If my knowledge, discomination and/or	28b. Tilk IN.	OTHER: 4 Nursing AE OF 28 JURY M 1 atrest, factory, red at the time on, in my opin	Nome 5 INJURY A WORK? YES Office date and poon, death co	Residence IT 2 NO	8 Other (28d. DESC 28f. LOCAT City or to the cause time, data s	(Specify) RIBE HOW IN FION (Street a. Town, State)	nd Number of Number of Number of States of I due to the 29d. DATE:	RED r Rural Rour 1. csuse(a) si	YES 2 NO
E COMPLETED BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 SOnpetient 2 (20 DATE OF (Month, 1) 28s. PLACE (building, 1	FINJURY Dey, Year) OF INJURY — At his etc. (Specify) If my knowledge, discomination and/or	28b. Tih IN.	OTHER: 4 Nursing AE OF 28 JURY M 1 atrest, factory, red at the time on, in my opin	Nome 5 INJURY A WORK? YES office dete and pon, death c	Residence NT 2 NO place, and due poccured at the LICENSE NUM D44316	6 Other (28d. DESC 28f. LOCAT City or to the cause time, data a differ	(Specify) RIBE HOW IN FION (Street a. Town, State)	nd Number of Number of Number of States of I due to the 29d. DATE:	FRED FRUIT ROUT CRUSS (B) SIGNED (M)	e Number,

funeral director, page 5 should

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Davis Melvin Jr 30 93 7:30 p 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 01-2-56 214-64-8621 1- M 2 F YRS. Baltimore, MD detached for use as the burlal-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Md Penitentiary Baltimore RESIDENCE OF DECEDENT Baltimore 10e. STATE 10d. INSIDE CITY Md 1XX YES 2 □ NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2308 Winchester Street 21216 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 X NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marri If yes, specify Cuban, Mexican, Puerto Ri 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retred.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) 12th once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Melvin J. Davis Shirley Johnson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Me NORESS (Street and Number or Aural Acute Number, City or Town, State, Zip Code)
Winchester Street Baltimore, M 2 Shirley Johnson 2308 Baltimore, Md 21216 99 METHOD OF DISPOSITION
Burlel 2 Cremation 3 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must t DATE King Memorial Donation 5 Other (Specify) 121393 Park Randallstown. Md 21, SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue signed by the attending physician and completely filled in by the Health and Mental Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart failure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Fine) \$ disease or condition HIV Encephalopathy event, resulting in death) 4months traumatic Waisting Syndrome
OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION 6months Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Brain Atrophy
DUE TO (OR AS A CONSEQUENCE OF): 5months Injury, or other that initiated events resulting in death) LAST Distal Sensory Neuropathy 7months PART II. Other significent conditions contributing to death but not recuiting in the underlying ceuse given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS ficate has been signed by State Dept, of Health and Item 23 shows any It MAILABLE PRIOR TO COMPLETION OF CAUSE - Alcohol Cigaret and Substance Abuse 1 - YES 2- NO 1 TYES MENO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 ☑ Inpetient 2 ☐ ER/Outpatient 3 ☐ DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28s. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this c marked, Ty Natural 5 Pending Investigation BY 1 YES 2 NO After death 2 Accident 3 Suicide 28e. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) TO THE HOSPITAL DR ATTENDIN TO THE FUNERAL DIRECTOR: Al be filled within 72 hours after de IMPORTANT: II Item 28 (s. 1 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 Is 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER

(Chack only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day Year) M ene 43501 12-8-93 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 1de M.D. Zerabruck Tewelde Maryland Penitentiary 954 Forrest 31. DATE DEC 14 1993

	o may be retained by the hospital of attending physician.	20010 0 14 11 00001	must be notified at once.
THE LIPORTIAL PIN ATTENDING DUNCHARM The fun securios that the death societies he secondary within the death and the function of	ID THE MOSTING LINE INFORMATION FROM INTERPRETATION OF THE WAR THE MOSTING AND THE MOSTING OF TH	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 -	FOR STATE REGISTRAR		STATE OF I	MARYLAN	ND / DEPA					MENT		GIENE G. NO.		93	3	6263
1.1	DECEDENT'S NAME (First,	17	М			OHUE		-			NTE OF DE		2	YEAR		E OF DEATH
4.3	SOCIAL SECURITY NUMB		5. SEX	6. AGE (In s	yrs. last birthday)		VEAR	IE IMPE	R 24 HRS.	7 DA	TE OF BIF		,	a BIRTH		(State or Foreign
	714 01 33	11	1 😡 M 2 🗌 F		2 YRS.		DAYS	HOURS	MIN.	(MA	onth, Day,	Year)		Countr	y)	
	. FACILITY NAME (If not in			0	2	as CITY	TOMB!	0.10047	ION OF DE		-6-	11		New		rĸ
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	a. STATE	10b. COUNTY	1		10c. Cl	TY, TOWN OF	LOCAT	ION								ISIDE CITY
M	Maryland	Bal	timore	Co		Tows	on									MITS?
	. STREET AND NUMBER				Tano	10 4 5	_	. ZIP COD	Œ			T	10a. CIT	IZEN OF V		
	Holly Hi			on s	папе			212	0.4							
11.	MARITAL STATUS	II Ma	12. WAS DECEDEN	IT EVER IN U	S. ARMED	13 W	_	2 1 2 (OF HISPAN	NIC OBI	CIN2 (See	olfu Van a	w Ma		SA	adees tadios
1[Never Married 2 🔀	Married	FORCES? 1	YES	2 NO	H	yes, sp	ecify Cub	en, Mexice	m, Puer						erican Indian, , etc.
3 [☐ Widowed 4 ☐ Divo	rced	IF TES, GIVE V	WIN ON DATE	:5	'	_ YES	2 [] NO	Specify	y:				Speci	v: Wh	ite
	15. DEC	EDENT'S EDUC	CATION	16	Sa. DECEDENT'S						18b. KIND	OF BUSI	NESS/IN	DUSTRY	_	
	(Specify only Elementary/Secondary (0	highest grade	College (1-4 or 5	41	(Give kind of life. Do NOT a	work done di ree retired.)	iring mo	st of work	ing		Ch:			t = ~ '/	Mos	chant
	12 +		Δ	" L	Self	Emr	10	ved			Oni	горг	. a C			
17.	FATHER'S NAME (First, M	iddle, Last)			Serr	EIII	010		HER'S NA	ME (Fig	nt Mirichia	Mairien St	umame)		Ter	minal
D	atrick	Donoh	11.0									7 C	ar realisely			
-	. INFORMANT'S NAME (7		ue		10h MAII IM	G ADDRESS	(Comet o		ary	_			D			
	Mrs Lucil		1		INC. MAILIN	a AUDRESS	OR BOLL	na numbe	or Picingia	MOURE IN	umber, Un	y or lown,	State, 21	ip Code)		
	MES LUCLI		ononue	I as as		100										
1 (Burlal 2 Crematio	n 3 🗆 Remo	oval from State		HACE AND DATE Bry, crematory or		TION (No	me of		D	ATE	20c. LOCA	ATION —	City or To	wn, Ste	la
	Donation 5 Other		euree n /	1.3 ***	1 - n/						<u> </u>		-			
-	SIGNATURE OF PUNERA	C SERVICE LIC	A A A	Id Wa	ide, Di	201								_		
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Se If ca	IMEDIATE CAUSE (Fin sease or condition suiting in death) equentially list condition any, leading to immeriuse. Enter UNDERLYI AUSE (Disease or Injust initiated events suiting in death) LAS'	dons, dilate NG ny	DUE TO	(OR AS A CO	ONSEQUENCE O	DF):	10	nt	ia							Onset and Des
_			3.												-	
PA	ART li. Other significa	nt condition	s contributing to	death but	not resulting	in the und	lerlyin	cause	given in	Part i.				24b.		AUTOPSY FINDING
	Severe de grenine 1 yes 2 NO									ETION OF CAUSE						
					2											ES 2 NO
			chrinder													
25.	WAS CASE REFERRED TO	MEDICAL					26. PI	ACE OF E	DEATH (Ch	eck only	one)					
	EXAMINER?		HOSPITAL:	ER/Outpetie	ent 3 🗆 DOA	OTHER			_			N(A)				
27.	MANNER OF DEATH		26s. DATE OF	INJURY	28b. Til	AE OF	26c. INJ	URY AT			-	HOW INJ	JURY OC	CURED		
		Pending	(Month, E	ray, Year)	IN	JURY M	WC	RK?	□ NO							
	a D a total	Investigation	28e. PLACE C	F INJURY	At home, farm,	street, facto				281.1	OCATION	(Street an-	d Numbe	or Or Rural F	inute Mi	mber
	•	Could not be determined	building,	atc. (Specify)		,				0	lity or Town	n, State)			140	
294	a. CERTIFIER									_						
	(Check only		CIAN: To the best of													
L	Z MEDI	CAL EXAMINE	R: On the basis of a	xemination a	nd/or Investigati	on, in my op	inion, d	eath occu	red at the	time, d	late and p	lace, and	due to ti	he cause(a) and m	anner as stated.
29b	. SIGNATURE AND TITLE	OF CENTIFIER	11.		<	1-	0		ENSE NU	MBER		- 1	29d. DA1	TE SIGNED	(Month,	Day, Year)
		Ja	me	سار		M.)	D	0 '	14	30			12	171	157
30.	NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH	H (ITEM 27) (Typ	e, Print)			-						-	, ,,
	DR KOTTI	ER 76	600 Osl	er Di	rive	Tows	on	MD	212	04						
							_									
31.	DATE FILED (Month, Day,	tron o	32. REGISTRA	R'S SIGNATE	JAE											

BALTIMORE, MARYLAND 21215-0020	fler death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should oval.
YLAND	by the hosp	be detached
, MAR	be retained	e 5 should
MORE	age 6 may L	director, pag
BALTI	er death. P.	the funeral val.
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	-	2	2	5	0	_		AL	DIVISION OF VITAL RECORDS, P.O. BOX 68/60.	5	ב	ń	j	ď	X	200	00.			BAI		BALLIMORE, MARYLANI	Ę,	Z Z	K	7	Z
FIGSP AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with cours after death. Page 6 may be retained by the hos	A	DR A	TEN	DING	PHY	SICIA	TI IN	he lay	w requ	ires th	nat the	deat	h cert	ificate	be en	cuted	with	Die C	urs aft	er dea	th. Pag	7e 6 m	ay be	retain	od by	4	hos
IF FUNE/AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive	R	DIREC	TOR	Affei	r this	certi	ficate	has	been	signed	by th	he afte	ending	phys	cian ar	шоо р	pletely	filled	in by	the fu	heral of	rector,	page	5 sho	old bu	e det	ache
d within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	12	SUDO	after	death	h with	h the	State	Dep	t. of 1	tealth	and	Aemtal	Hygie	one pr	10 JO	unial.	cremat	ion, o	r remo	Mal.							
DRIANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	=	tem	28	E	arke	d, 0¢	Iter	п 23	shor	WS ar	n in	ury.	or ot	her t	-	tle en	ent,	he m	redica	exa l	miner	SOLUTION.	pe I	notiff	e pe	10 m	69

1.	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

1. DECEDENT'S NAME (First, A	Middle, Last)			3.5		5-67	-11		2. DATE (OF DEATH		YEAR	3. TIME OF DEATH	
WILLIAM H. I	DENNIS								0.00		13.19		9:45 a.	
4. SOCIAL SECURITY NUMBE	R	5. SEX	8. AGE (In)	yrs. lest birthday)	IF UNDER		IF UNDER		7. DATE C	Day, Year)			PLACE (State or Foreign	
218-24-5254		1∑ M 2 □ F	62	YRS.	MONTHS	DAYS	HOURS	MIN.			6,19			
Ba, FACILITY NAME (If not inst	itution, give at	reet and number)		1.7.2	96. CITY	r, TOWN	OR LOCATI	ON OF D	EATH		9c. COU	NTY OF D	EATH	
VA MEDICAL (1,521,53		65	FORT	С НО	WARD				BALT	IOMI	RE	
RESIDENCE OF DECE	106, COUNTY			10c. CI	ry, town (OR LOCA	TION						10d, INSIDE CITY	
MARYLAND					TIMOE								LIMITS?	
10e. STREET AND NUMBER				Dill	1 11101		H. ZIP COD	E			10a. CITI	ZEN OF Y	WHAT COUNTRY?	
1118 WHATCOA	AT STR	EET					21217				USA			
11. MARITAL STATUS 1 Never Married 2 M 3 X Wildowed 4 Divorce	larried	12. WAS DECEDEN FORCES?	X YES	2 NO	13.	WAS DE	CENDENT C	F HISPA	NIC ORIGIN: an, Puerto R fy:	? (Specify Year Ican, etc.)		14. RACI Blac	E — American Indian, k, White, etc.	
	DENT'S EDUC highest grade (ATION	10	8a. DECEDENT'S (Give kind of He. Do NOT u	work done	during m	ION lost of working	ng	16b.	KIND OF BU	 SINESS/IND			
17. FATHER'S NAME (First, Mid- William H	die, Lest) • Der	nnis, S	r.				18. MOT			liddle, Malden Scho		eld		
19a. INFORMANT'S NAME (Typ										er, City or Tow				
Katie		pbell								to.,			217	
ZPSURETHOD OF DISPOSITION OF DISPOSI		oval from State	20b. Pl	LACE AND DATE	of dispos	ore	leme of		12/		cation – wing		ills, Md	
21. SIGNATURE OF FUNERAL		ENSEE MOTA	ton							& S	on-		d. 21217	
Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injury	late IG	DUE TO	OR AS A C	ONSEQUENCE O	OF):									
that initiated events resulting in death) LAST	l.	1.	(011 70 70	ON DECORATION OF										
PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDEN AMAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO														
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:		26. PLACE OF DEATH ((Check only one)				
1 TYES XXNO		1 X Inpatient 2	☐ ER/Outpati	ent 3 🗆 DOA	4 Nu		me 5 🗆 R	sidence	6 🗆 Other	(Specify)				
27. MANNER OF DEATH T Natural 5 P 2 Accident In	ending vestigation	28a. DATE Of (Month, L		28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2 [] NO	28d. DE\$	CRIBE HOW I	NJURY OC	CURED		
3 Suicide 8 C	ould not be etermined	28a. PLACE (building	OF INJURY — , etc. (Specify,	At home, farm,	street, fac	tory, offi	ca			ATION (Street or Town, State)		or Rurei	Route Number,	
1		CIAN: To the best of											a) and manner ee stated	
296. SIGNATURE AND TITLE (135	_	ENSE NU					(Month, Day, Year)	
6. (1	and.	fri)	m				H.	171				2/13		
30. NAME AND ADDRESS OF CAROLINA CUS 31. DATE FILED (Mooth, Day, M. DEC 1 4 199	TODIO		VA ME	DICAL (ER,	FORT	HOW	ARD,	MD 210				

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within roours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the fine within 72 hours after death with the State Dect. of Health and Mental Houses prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 36265 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	OR TATE EGISTRAR	STATE OF MARYLAN	ND / DEPARTM			NTAL HYGIEN		3	6265
1,,DECE	DENT'S NAME (First, Middle, Last)	Ilian F	7. DF	RILE	y 2	DATE OF DEATH MONTH	71 - 2	EAR 3.1	OF DEATH
O Ba FACE	AL SECURITY IMBER 89 03 5986 LITY NAME IN NOT INSTRUCTION, give	10 M 2 KF 83	YRS. MO	1	HOURS MIN.	DATE OF BIRTH	9c. COUNTY	Country)	
MAT	HOPE HE	SpHau		SAIT!	MORE		BAL	-70	City
	100	TIMORE		NSVIL			10g. CITIZEN	1 [LINSIDE CITY LIMITS? YES 2 NO COUNTRY?
11. MARI	711 MAIDEN (ITAL STATUS EVER Married 2 Married Idowed 4 Divorced	CHOICE LANE 12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2.MNO	If yes, sp	21228 ENDENT OF NISPANIC secity Cuben, Mexican, F	ORIGIN? (Specify Ye ruerto Rican, etc.)			American Indian, lite, atc.
	15. DECEDENT'S EDU (Specify only highest grad	e completed)	6a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during ma	DN st of working	16b. KIND OF BU			<u> </u>
	nentary/Secondary (0-12)	College (1-4 or 5+)	HOME M			OWN I			
	IER'S NAME (First, Middle, Lest) LBIN J(OHNSON			18. MOTHER'S NAME SVEA	(First, Middle, Maider	Surname)		
19a. JNF	ORMANT'S NAME (Type/Print)			DRESS (Street o	nd Number or Rural Rout	e Number, City or Tov	vn, State, Zip Co	de)	
JOZ					ILL ELLI		TY MD	-	042
1 M But	THOD OF DISPOSITION riel 2 Cremation 3 Real realism 6 Other (Specify)	novel from State 20b.Pl	LACE AND DATE OF E Pry, cremetory or other JOHNS	DISPOSITION (No. Place) CEMET	ERY 1	2-13 F	MARY ELLICO	TAN!	SITY
21. SIGN	LEUSSELCE			22. NAME AI LEROY	& RUSSE	LL WITZ	KE FU	INER	AL H
IMMED disease reaultir	DATE CAUSE (Final e or condition ng in death)	e. Septra Due to (or as a c	h line. Bhack ONSEQUENCE OF): G	anter the mo	de of dying, such s	s cardiac or reap	iratory srrest		Approximate Interval Between Onset and Death
if sny, cause. CAUSE that ini	leading to immediate Enter UNDERLYING E (Disease or Injury Itlated events ng in death) LAST	DUE TO (OR AS A C							
PART I	II. Other significant condition Congestive	ne contributing to death but Heave	not resulting in the	hs underlyin	g cause given in Par	1 T YES		AVA COS OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
EXA	CASE REFERRED TO MEDICAL	HOSPITAL:	0	26. PI	ACE OF DEATH (Check	only one)			
27. MANI	YES 2 (NO NER OF DEATH	1 Inpatient 2 ER/Outpati		☐ Nursing Norr	e 5 Residence 6	Other (Specify)	IN HIRW OCCUR	NED.	
15	Natural 5 Pending Accident Investigation	(Month, Day, Year)	PULNI	M 1 🗆	RK?	a. DESCRIBE NOW	INJUNT OCCUP	IED	
	Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify	At home, ferm, stre	et, factory, offic	20	I. LOCATION (Street City or Town, State		Rural Route	Number,
one)	ock only	SICIAN: To the best of my knowled ER: On the best of examination e						suss(s) and	i manner es stated.
29b. 8IG	NATURE AND TITLE OF CERTIFIE				29c. LICENSE NUMBE		29d, DATE S		nth, Day, Year)
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Δί	a. MCRain	e 71) N	laiden	chor	a Ln	Balton	me Mi) 7	erre
31. DATE	DEC 14 1993	12 REGISTRAR'S SIGNAT	Mulach						

ITEMS: 23 PART I, 27, 28a-f, PER MEO FILM G-706 12/17/93 t.t

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

E. BER 74 Institution, give st			: last birthday) YRS.	IF UNDER I YEAR		2. DATE OF MONTH 7. DATE OF (Month, December 1)	08 DAY 1993	8. BIRTHPLACE	e of death
74 Institution, give st	5. SEX 1 M 2 A F	6. AGE (In yrs				7. DATE OF	BIRTH	8. BIRTHPLACE	w E
Institution, give st	reet and number)	46	YRS.	MONTHS DAY	HOURS MIN.	(Month, Di	ly. Year)		(State or Foreign
TALTIY I						2-22	-47	PENNSYI	
				9b. CITY, TOW	N OR LOCATION OF			INTY OF DEATH	3,110,100
CEDENT	INV			OCE	AN CITY		WOF	CESIER	
10b. COUNTY	10c. CITY, TOWN OR LOCATION							10d. #	NSIDE CITY
	LEWARE			F	OLSOM				YES 2 NO
3									
ALL RO		IT EVER IN U.S	ARMED	13. WAS D			nacify Yes or No		
Merried orced	FORCES? 1	YES 2	MNO	If yes,	specify Cuban, Mexi	cen, Puerto Rica		Black, White Specify:	HITE
CEDENT'S EDUC	CATION completed)	18a	(Give kind of	work done during		16b. KII	OF BUSINESS/IN	DUSTRY	
(0-12)	College (1-4 or 5	+)	life. Do NOT us	se retired.)		1100	HOME		
Middle, Lasti			HOME	MAKER	18 MOTHER'S	AME (First Mide			
(Type/Print)			19b. MAILING	ADDRESS (Street	et and Number or Rura	Il Route Number,	City or Town, State, Zi	p Code)	19073
	LO (DAUC	HTER)	561 NO	ORTH NE	WTOWN ROZ	AD NEWT			
on 3 🗌 Remo	oval from Stata					DATE			
	ENSEE	ST.PEI	ER&PAU	22. NAME	AND ADDRESS OF	ACILITY			
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2 Accident 3 XX suicide 4 Homicide 28e. PLACE OF INJURY — At home, ferm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural City or Town. Stelle) 17TH STREE WORCESTER COUNTY, MD.							STREET, QU	ALITY IN	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.	THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages lied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	*ORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at ence.	

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93 36267 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 1993 DEC. 8, NATHAN DICK 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 4-29-1927 5. SEX 8. AGE (In yrs. lest birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS 1 M 2 F 146-14-8415 66 New JERSEY Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Howard County General Hospital Columbia DIRECTOR Howard RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Howard Glenela 1 TES 2XXNO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4149 SHARP ROAD 21737 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, OIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, stc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2XXMarried offy Cuben, Mexican, Puerto Rican, etc.) Specify: WH (TE 1 TES 2 XNO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY College (1-4 or 5+) Elementary/Secondary (0-12) U.S. GOVERNMENT DIRECTOR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) LOUISE GILLES NATHAN D. DICK BE 190. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 REBECCA A. DICK 4149 SHARP ROAD GLENELG, MARYLAND 27737 (WIFE) 20e. METHOD OF DISPOSITION
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Suriel 2 □ Cremation 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 1 St Buriel 2 Cremation 3 L. 4 Donation 5 Other (Specify) CRESTLAWN CEMETERY 12/10/93 MARRIOTSVILLE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LIGENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Lecarecci 1630 EDMONDSON AVENUE CATONSVILLE, MARYLAND 23. PART I. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Fine) **Onset and Death** Malignant A
DUE TO (OF AS A CONSEQUENCE OF): disease or condition resulting in death) Atherosder CERTIFICATION yrs Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL ansplant 1 YES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 25. PLACE OF DEATH (Check only one) HOSPITAL: | ER/Outpetient 3 DOA EXAMINER? OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 27. MANNER OF DEATH 20b. TIME OF INJURY 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 290. CERTIFIER 1 GERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MEDICAL EXAMINER: On the beels of examination and/or investigation, in my opinion, death occursed at the time, date and place, and due to the cause(s) and manner so stated. L SIGNATURE AND TITLE OF CERTIFIER BE

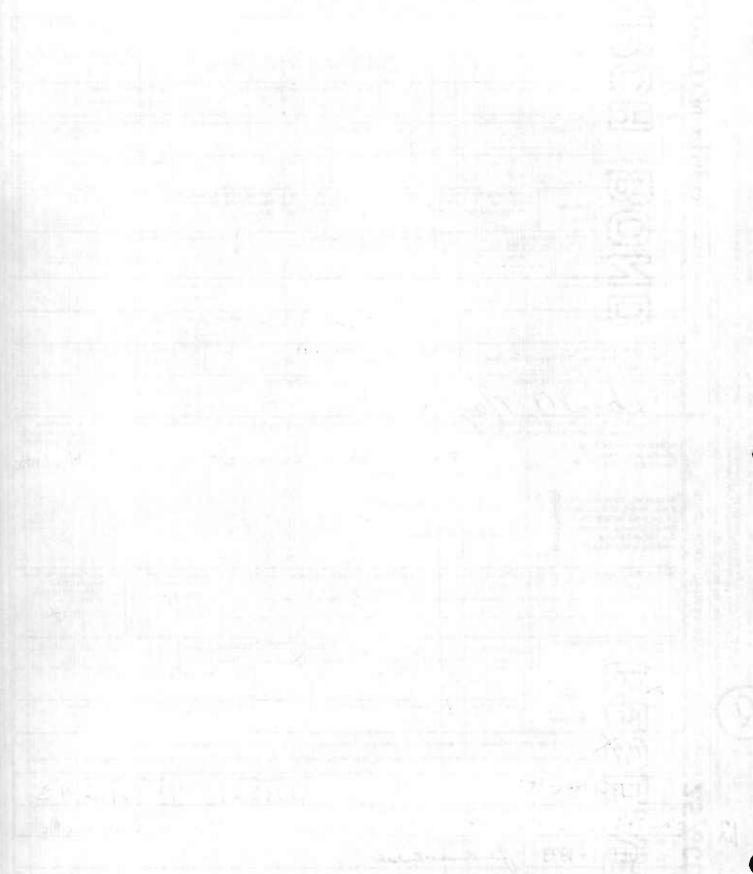
29d. DATE SIONED (Month, Day, Year) ME 29c. LICENSE NUMBER 12 8 93 31473 2 Court m 30. NAME AND ADDRESS OF PERSON WHO CO MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print PATRYCE A. TOYE 32. PEGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 1 4 1993

eath. Page 6 may be retained by the hospital or attending physician. funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760.

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	1, DECEDENT'S NAME (First, M		Doris	м.	Decl	rert				2. DATE OF DEA MONTH Dec. 1	TN DAY 1 Q	93 ^{EAR}	3. TIME OF DEATH
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E	1814 S.C	harle	s St.						y, Md				
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OM	17. FATHER'S NAME (First, Midd	fle, Last)				_		18. MOT	NER'S NAI	ME (First, Middle, M	laiden Surname)	_	
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10	Mr. Willia		eckert	;	19b. MAILING	4 S.	S (Street o	rle	or Rural F	·Balto	or Town, State, Z	2123	30
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	▶ Mani	Ia.	1/0	ylor		M	lcCu	11y	Fun		to.Md ome,1		230 Fort Ave.
	23. PART I Enter the disciplination of the shock, or head immediate CAUSE (Final disease or condition resulting in desth)	rt failure. Lie	it only one cau	se on each il	ne. NCJC	at				cer			Approximate interval Between Onset and Death
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ERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	1	DUE TO	(OR AS A CONS	BEOUENCE O	F):							
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ED BY	3 Suicide 8 Co	restigation ould not be termined	28e. PLACE O building,	F INJURY — At atc. (Specify)	home, farm,	street, fec			_ NO	28t. LOCATION (S City or Town,	Street and Number State)	or Rural	Route Number,
LET	290. CERTIFIER 1 CERTIF	YING PHYSICIA	N: To the hest of	my knowledge	death accurr	ad at the t	Ime dete	and place	and due	to the cause(e) en			
COMPLETED	one) 2 MEDICA	L EXAMINER:											e) end manner es stated.
H	296. SIGNATURE AND TITLING	Chell	~					29c. LIC	ENSE NUN	BER)	29d. DA	12	(Month, pay, Year) 1293
٩	Keith D.	ERSON WHO	COMPLETED CAUS	SE OF DEATH (I			uloc	K	60	ONU	Totte	Ball	imore Md
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31. DATE FILED (Month, Day, Year)
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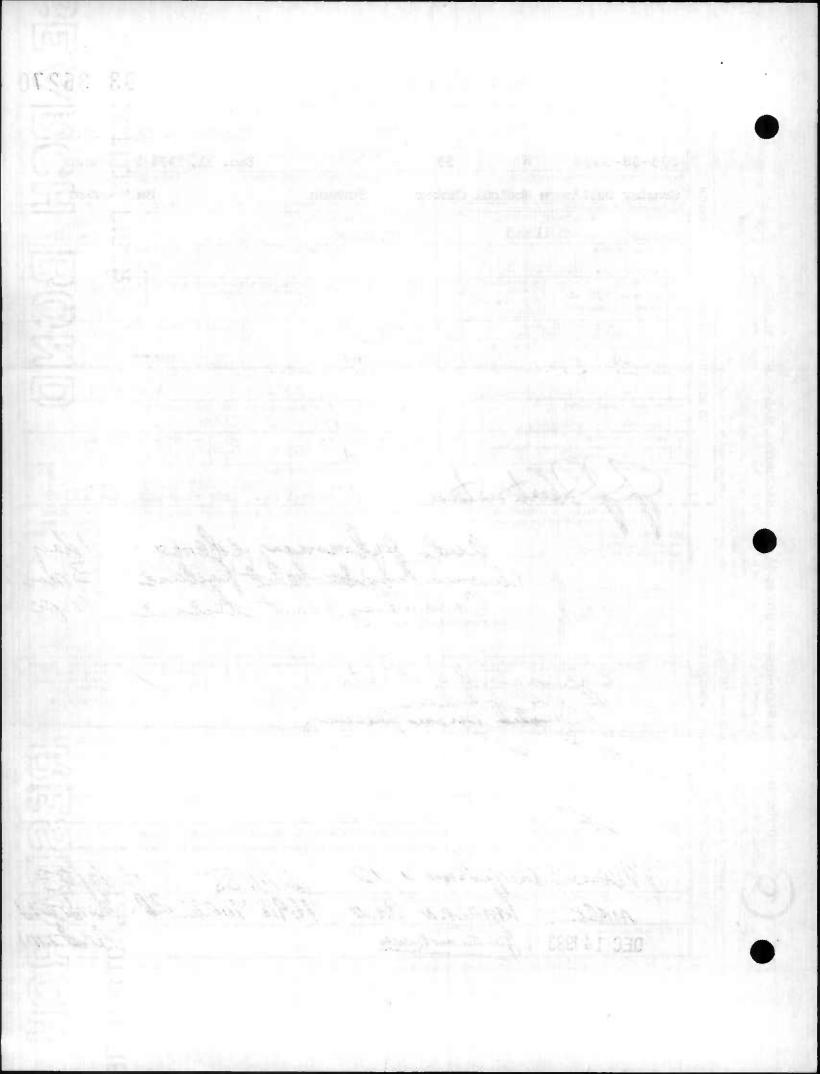
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Complete Complete			y 5.	711 Magie St	Number or Rural Route Nut., Baltimon	ne, Md. 212	
22. NAME AND ADDRESS OF FACILITY MCCUIT Y Funeral Home of Brooklyn 237 E. PAtapsco Ave., Balto., Md. 2 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, in the disease or condition. IMMEDIATE CAUSE (Fine) disease or condition resulting in death) B. DUE TO (OR AS A SOURCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A SOURCE OF): DUE TO		1 X Burial 2 Cremation 3 Removal from	State 20b. PLACE AND cometery, cremet	DDATE OF DISPOSITION (Name of the place)	Gardone 12	TE 20c LOCATION C	Donney lyani
23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or raspiratory arrest, into shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A MONEGUENCE OF): DUE TO (OR AS A MONEGUENC		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Kevin E. Ecker	r McCul	y Funeral I	Home of Broo	klyn
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	ING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician.	npletely	crematic	d, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	pecuted	and con	burial.	natic e
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	t, Middle, Last)			-			1		2. DATE OF DEATH	AY	YEAR	3. TIME OF DEATH
JIM		WILSO	N	DENN	EY				DECEMBER		993	23:13
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER	1 YEAR	IF UNDER	MIN,	7. DATE OF BIRTH (Month, Day, Year)		8. BIRT Cours	HPLACE (State or Foreign
409-58-55		1 🔀 M 2 🗆 F	59	YRS.	months.	UMYS	HOURS	ROITE.	Dec. 11,	1934		nessee
9a. FACILITY NAME (If not i					9b. CITY	TOWN (R LOCATI	ON OF D	EATH	9c. COL	JNTY OF	DEATH
Greater Ba		e Medica	L Cente	r	To	wsc	n			В	alt	imore
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10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN OF			WHAT COUNTRY?		
6313 S.	Coun	ty Road					7970	06		U	.S.P	١.
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT (OF HISPAI	NIC ORIGIN? (Specify Ye	s or No-	14. RAC	E - American Indian,
1 Never Married 2 🔀	THE RESERVE	IF YES, GIVE V	YES 2 WAR OR DATES	JNO			2 NO		n, Puerto Ricen, etc.) y:		Spec	
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Elementary/Secondary (0-12)	College (1-4 or 5	•)						D = -1			
17. FATHER'S NAME (First, A	Aidelin (1)		St	perv	150	r	40		Resta		nt	
Wilson	THE PARTY OF THE P	Denney					200		ME (First, Middle, Maider Le France:		hwo	rth
19a. INFORMANT'S NAME (Denney		ISP MAN INC	Anneses	(Street o			Route Number, City or Tox			. 011
Wanda J.		ey	(5313	S. C	ount	y Ro	ī.,	Midland,	TX	79	706
20a. METHOD OF DISPOSIT	TION on 3 Y Rum	oval from State	20b. PLACI	E AND DATE	OF DISPOS	TION (Na	me of	<i>T</i> OP	Dec. 13, 20c. LC	CATION -	- City or T	own, State
1 X Burial 2 ☐ Cremati 4 ☐ Donation 5 ☐ Othe 1. SCHARDIE OF FUNERA			Memo	rial	Par	K	. Ila	/ell	1993 M	idla	nd,	TX
23. PARY I. Enter the c	diseases, or	complications the	t caused the	deeth. Do	J.	J. 1 Se	conc	ens l St	tein Mort	eedo	m, I	nc. PA 17349
ahock, or in immediate cause (Fi disease or condition resulting in death)	neart failure.	List only one cer	less on each lie	ne.	ul	m	no	en	eden	ear	-	Interval Betw Onset and D
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST b.						1	1	4	1,0			lain
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		1 - REGISTRAR CERTIFICATE OF DEATH REG. NO.
		1. DECEDENT'S NAME (First, Migidle, Last) 2. DATE OF DEATH MONTH DAY O'YEAR O' DEATH MONTH DAY O'YEAR O' DEATH
		4. SOCIAL SECURITY NUMBER 5. SEX 1
, 2, 3 should	TOR	9a. FACILITY, NAME (If not institution, give street and number) 9b. CITY, DOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH RESIDENCE OF DECEDENT
. Pages 1	DIRECTOR	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIGHTS? 10 PR// Nove 10 Pres 2 No
nsit permi	FUNERAL	100. STREET AND NUMBER 2704 C/A 55 EN Ave. 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY? 21215 11, S. H.
215-0020 attending physician. se as the buna-transit permit. Pages 1, 2,	BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, apacify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, Whita, etc. 15. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, apacify Cuben, Mexican, Puerto Rican, etc.)
212	ETED	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Dg NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY
RYLAND 3 ed by the hospital uld be detached for		17. FATHER'S NAMS (First, Middle, Last) + 18. MOSHER'S NAME (First, Middle, Maiden Surname)
MARYL retained by 5 should be	111	90. INFORMANT'S NAME (Type/Print) (19b. MAILING ADDRESS (Street and Number or Rural Rigute Number, CityLer Town, State, Zip Code)
11 2 8 e		20a. METHOD OF DISPOSITION 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (fame of participal companies) 20c. LOCATION,—City or Town, State companies or companies or companies 20c. PLACE AND DATE OF DISPOSITION (fame of participal companies) 20c. LOCATION,—City or Town, State
BALTIMORE, after death. Page 6 may by the funeral director, page moval.		4 Donation 8 Other (Specify) 21. SIGN TURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FUNERAL SERVICE LICENSEE
		Desegli L. Kuse 23324. North Ave. Br/10, md 2121
24 hours r filled in t tion, or rer the medi		23. PAM I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or As a consequence on:
OX 687 be executed cian and con for to burial,	CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):
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NG PHYSICIA fter this certificate with the marked, or	ВУ РНУ	27. MANNER OF DEATH 288. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 1 Netural 5 Pending 28c. INJURY AT WORK? 1 VS 2 NO
DIVISION OR ATTENDING F DIRECTOR: After hours after death	TED	2 Accident Investigation 3 Suicide 8 Could not be determined City or Town, State) 28s. PLACE OF INJURY — At home, farm, street, lectory, office building, stc. (Specify) 28s. PLACE OF INJURY — At home, farm, street, lectory, office City or Town, State) 28s. LOCATION (Street and Number or Rural Route Number, City or Town, State)
로 달 로 드	COMPLE	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.
TO THE HOSP! TO THE FUNER be filed within	8	296, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) D42719 129-9-93
,	5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2600 Liberry Heights Rel Bartimore md 21215
04		31. DATE FILED (Morith, Day, Year) DEC 1 4 1993 32. JEGISTRAR'S SIGNATURE

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TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	26s. PLACE OF building, s	INJURY — Al h	nome, farm, str	reet, factory, offi		281. LOCATION (Street City or Town, State		or Rural Roo	ite Number,
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	23. PART I. Enter the diseases, of ahock, or heart failure	complications that List only one caus	caused the die on each lin	desth. Do no ne.	ot enter the m	ode of dying, suc	ch as cardiac or reap	piratory arre	st,	Approximate interval Bet
	> Jecome	//-		C	4001	Ritchie	nce Funeral Hwy. Bal	timore	. Md	21225
(1)	21. SIGNATURE OF FUNERAL SERVICE L	0	,	1	22. NAME A	ND ADDRESS OF FA	ICILITY			
	20s. METHOD OF DISPOSITION 1 Striel 2 Cremation 3 Red 4 Donation 5 Other (Specify)	novel from State	comotony o	comptony or othe	F DISPOSITION (A		DATE 20c. LO 12/13 G1	OCATION — C		•
T0	Thomas Endler			6428 S	t. Phi	Lips Road	Linthi	cum, M	ary1	and 2109
BE	19a. INFORMANT'S NAME (Type/Print)	Joseph 1	Endler	19b. MAILING A	ADDRESS (Street		rgaret Route Number, City or To	wn. State. Zin	Code)	
COMP	17. FATHER'S NAME (First, Middle, Lest)	T- 1					AME (First, Middle, Malder			
LET	(Specify only highest grade) Elementary/Secondary (0-12) 8th Grade	College (1-4 or 5+)	- "	Give kind of wo te. Do NOT use Captair		ost of working	Fire	Depar	tment	
ED	15. DECEDENT'S ED	UCATION	16a. D	DECEDENT'S U	ISUAL OCCUPAT	ION	16b. KIND OF BU	ISINESS/INDU	ISTRY	White
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2		If yes, s		NIC ORIGIN? (Specify Ye an, Puerto Rican, etc.) fy:	oa or No—	14. RACE - Black, Specify:	
FUNERAL	301 Walton Ave					21225			.S.A	
	Maryland An	ne Arunde	L	Ba.	1timore	or, ZIP CODE		10g. CITIZ		TYES 2 M
DIRECTOR	10a. STATE 10b. COUN			111771	TOWN OR LOCA	- 77			1	Od. INSIDE CITY
TOR	Harbor Hospit	al Center			ВаІЛ'ІМ	ORE	City	===		
	212 09 9590 Se. FACILITY NAME (If not institution, give	1 M 2 F	78	YRS.	96. CITY, TOWN	OR LOCATION OF D	08/05/19		Mary TY OF DEA	yland
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. In		F UNDER t YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	1 -	1.00	LACE (State or Fore
	1. DECEDENT'S NAME (First, Middle, Last,	George	George Edward Endler					NY IO	YEAR 93	3:45
		CERTIFICATE OF DEATH								

HARBOR

HOSPIM CONTOR

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LAKSON JR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ATTENDING	ECTOR: After	's after death	n 28 is ma
SPITAL OR	ERAL DIRE	in 72 hour	T. If Item
THE HO	TO THE FU!	be filed with	IMPORTA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN		30213
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	MARGARET	ELMORE				12 12		3 11.32 M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)
- ()	220-36-0381		Z YRS.			12/26/10	,	ARYLAND
nr.	98. FACILITY NAME (If not institution, give : ST. AGNES HOS)		90	. CITY, TOWN C	OR LOCATION OF DE	EATH	9c. COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT			BALTI	MORE			
SEC.	10e. STATE 10b. COUNT	Υ	10c. CITY, T	OWN OR LOCAT	ION			10d. INSIDE CITY
	MARYLAND BA	LTIMORE		CATO	NSVILLE			1 TES 2 THO
FUNERAL	10e. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
jų l		OAD			21228		U	.S.A.
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED			HC ORIGIN? (Specify Yes n, Puarto Rican, etc.)	or No- 14,	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	TES T		2 NO Specify			Specify: WHITE
	15. DECEDENT'S EDU		16a. DECEDENT'S US	UAL OCCUPATION	ON .	18b. KIND OF BUS	I SINESS/INDUST	
	(Specify only highest grade Elementary/Secondary (0-12)	completed) Cotlege (1-4 or 5 +)	(Give kind of work life. Do NOT use n	done during mo: stired.)	st of working			
틸	11		HOMEMAKE	R		DOMES	TIC	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
H	WINFIELD COURTY	ŒY			MARGA			
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
	PAUL D. ELMORE (H		PLACE AND DATE OF E			ATONSVILLE		
	1 St Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State ceme	etary, crematory or other	place)		.1		or Town, State
	21. SIGNATURE OF EUNERAL BERVICE LA	CENSEE 1	DON PARK		ID ADDRESS OF FAC		INORE,	MARYLAND
- 1	Hussereau	20						UNERAL HOMES
\neg	23. PART I. Enter the diseases, or	complications that caused	the death Do not	1630 EI	<u>DMONDSON</u>	AVENUE CA	TONSVI	LLE, MARYLAND
- 1	shock, or heart failure.	List only one cause on as	ch lina.	anter the mor	de of dying, auci	au cerdiac of reepi	ratory arrest,	Interval Batween
	IMMEDIATE CAUSE (Finel disease or condition	(1) Can	gestin	e he	lub t	& wilm	El	Onset and Death
	resulting in death)	OUE TO (OR AS A	COMMEQUENCE OF):	1	1	1		
z		(V) h	There !	Silen	1 toz	dises	~	
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	ONSEQUENCE OF:	4.	1 4	()		
2	CAUSE (Disease or injury	F Sour TO ODE AS A	CONSEQUENCE OF:	ner	w p	neune		
CERTIFICATION	that initiated events resulting in death) LAST	XIII A	(6 (Dessa	-	Shorton	Dema	tie	
띵		1 4		3 4 4	Type	ye - ar		
4	PART II. Other algnificant condition	ni confibuting to deeth bu	it not resulting in t	he underlying	ceuse given in	Part I. 24a. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDIC						1 YES 2	NO	COMPLETION OF CAUSE OF DEATH?
M						_		1 TES 2 NO
PHYSICIAN:								
길	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	VO	26. PL THER:	ACE OF DEATH (Che	ick only one)		
<u>¥</u>	1 YES 2 NO	1 Inpetient 2 ER/Outpe	28b. TIME O		5 Residence			
	Natural 5 Pending	(Month, Day, Year)	INJURY		RK?	28d. DEŞCRIBE HOW II	NURY OCCUR	10
BÁ	2 Accident Investigation 3 Suicide 6 Could not be	28s. PLACE OF INJURY	— At home, farm, stree		_	28f. LOCATION (Street a	nd Number or R	Jural Route Number
	4 Homicide delingnined	building, etc. (Speci	fy)			City or Town, State)		
۱ ۳	29a. CERTIFIER CHOCK ONLY	ICIAN: To the best of my knowle	edge, death occurred a	t the time, data	and place, and due	to the cause(a) and man	ner an stated	
COMPLETED		ER: On the basis of examination						use(a) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFIE		,		29c. LICENSE NUM			GNED (Month, Day, Year)
TO BE		M.	physota	win !	1)29	769	> /	2/12/97
F	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DEA	THE (ITEM A) (Type, Pri) , ((~ b	11. 01	161	
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	DEC 1 4 1993	32. PEGISTRAR'S SIGNA	W Rudall			1		

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DIVISION	

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIEN
_	REGISTRAR	CERTIFICATE OF DEATH	REG. NO

	VERONICA EMALA 12- 13- 93									YEAR 3	3. TIME OF DEATH			
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. Is		IF UNDER		IF UNDER		7. DATE	OF BIRTH	V	B. BIRTH	PLACE (State or Fore
	043-26-99		1 M 2 F	9	3 YRS.	MONTHS	DAYS	HOURS	MIN.		1900	L	_ I T	
œ	9a. FACILITY NAME (If not institution, give street and number) 2633 LIBERTY PKWY.					9b. CITY	, TOWN C	OR LOCATI	ON OF DE					
CTOR	RESIDENCE OF DE							BALTIMOR			URE			
DIRE	10e. STATE 10b. COUNTY				10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY
	MARYLAND BALTIMORE 100. STREET AND NUMBER					_	101	. ZIP CODI	E	-		10g. CITIZE	EN OF W	1 TES 2 N
IERAL	2633 LIBERY PKWY							2122	22			US	SA	
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 2 3 X Wildowed 4 Div			NT EVER IN U.S. A 1 YES 2 D WAR OR DATES	RMED (NO		It yes, sp	ecity Cuba	n, Maxica	n, Puerto I	i? (Specify Yea Rican, etc.)	n or No- 1	Black Specif	— American Indian c, White, etc. ny: ITE
LED		ECEDENT'S EDU		1	Give kind of	Work done	CCUPATIO	ON ast of working	10	16b	KIND OF BU	SINESS/INDU	STRY	
PLET	Elementary/Secondary 6 YEARS	(0-12)	College (1-4 or 5	+)	MEM	ise retired.)								
COMPL	17. FATHER'S NAME (First,	Middle, Last)						16. MOTI	HER'S NA	ME (First, I	Middle, Malden	Surname)		
BE C	?		GUSTITIS						IKNO					
TO	190. INFORMANT'S NAME MR. JOHN [MD.			
	20a, METHOD OF DISPOSI	ITION		20b. PLACE	ANDDATE	OF DISPOS	SITION (Na		DAL	OAT		CATION - CI		wn, State
	1 Burlal 2 Cremat	er (Specify)		SACRE	D'H	EART	OF	JES	SUS	12	-15 B	ALTO.	. C	O. MD.
	21. SIGNATURE OF FUNER													
- 1		TAL SENVICE LI	CENSEE	/	1.	KA A					ERAL			
	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (F disease or condition	nnd diseases, or heart fellure.	Hosa	toused the duse on each lin	leath. Do	12	01	DUNE	DALK	AVI	ENUE	BALTO		Approximation and the second s
ERTIFICATION	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (F	diseases, or heart fellure. Finel	complications that List only one constitution of the constitution	to caused the duse on each line of the constant of the constan	EOUENCE C	not enter	0 1	DUNE	ALK	h as card	ENUE Slac or respi	BALTO		Approximation and the second s
CERTIFI	23. PART I. Enter the shork, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLI CAUSE (Disease or in that initiated events	diseases, or heart fellure. Finel	a. DUE TO	O (OR AS A CONSI	EOUENCE C	not enter	01 the mo	DUNE	ALK	AVI h aa card	ENUE Slac or respi	BALTO	st,	Approximatintarval Bet Onset and I
CERTIFI	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	diseases, or heart fellure. Finel	a. DUE TO	O (OR AS A CONSI	EOUENCE C	not enter	01 the mo	DUNE	ALK	AVI h aa card	ENUE flac or respi	BALTO Iratory arrest AUTOPSY RMED?	st,	Approximatinterval Bet Oneet and One
MEDICAL CERTIFI	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in that initiated events resulting in death) LA	diseases, or heart fellure. Finel	a. DUE TO	O (OR AS A CONSI	EOUENCE C	not enter	01 the mo	DUNE	ALK	AVI h aa card	ENUE diac or respi	BALTO Iratory arrest AUTOPSY RMED?	st,	Approximatinterval Bet Onset and Ons
MEDICAL CERTIFI	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if arr, leading to imm cause. Enter UNDERL' CAUSE (Disease or in the Initiated events resulting in death) LA PART II. Other algoritic	diseases, or heart feliure. distinct the state of the st	a. DUE TO d. HOSPITAL:	O (OR AS A CONSI	EQUENCE C	not enter	O 1 the mo	DUNE	ALK	Part I.	ENUE Slac or respi 24a. WAS AN PERFOR 1 □ YES 2	BALTO Iratory arrest AUTOPSY RMED?	st,	Approximatintarval Bet Oneet and Interval Bet One Interv
MEDICAL CERTIFI	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLICAUSE (Disease or in the initieted events resulting in death) LA PART II. Other algnifications are supported by the second control of the second con	diseases, or heart feliure. distinct the state of the st	a. DUE TO d. HOSPITAL: 1 Input lent 2	O (OR AS A CONSIDER OF CONSIDE	EQUENCE C	1 2 not enter	the mo	DUNE	ALK ing, such	Part I.	24a. WAS AN PERFOR	BALTO	24b.	Approximatintarval Bet Oneet and Interval Bet One Interv
PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if arry, leading to imm cause. Enter UNDERL' CAUSE (Disease or in thet initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5	diseases, or heart feliure. Giltiona, lediata YING jury list To MEDICAL	a. DUE TO b. DUE TO d. HOSPITAL: 1 Inpetent 2 28a. DATE Of	O (OR AS A CONSIDER OF CONSIDE	EQUENCE C	1 2 not enter	26. PLR: Bing Hom	DUNE	ALK ing, such	Part I.	24a. WAS AN PERFOR	BALTO	24b.	Approximatinterval Bet Oneet and One
ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in the United events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident	diseases, or heart fellure. Finel littona, ledista ying significant conditions. To MEDICAL	a. DUE TO d. HOSPITAL: 1 Impatient 2 28a. PLACE	O (OR AS A CONSI	EOUENCE C	1 2 not enter OF): OF): In the un OTHER 4 Num ME OF JURY M	26. PLR: sling Hom	DUNIC de of dyla	ALK ing, such	Part I. Part I. 28d. DES	24a. WAS AN PERFOR	FALTO Autopsy RMED? Injury occu	24b.	Approximatintarval Bel Onset and Ons
ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list cond if arr, leading to imm cause. Enter UNDERL' CAUSE (Disease or in the initieted events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CEI (Check only 1 CEI)	diseases, or heart fellure. Finel Ittiona, ledista ying glury list cent condition To MEDICAL Pending investigation Could not be determined	a. DUE TO d. HOSPITAL: 1 Impatient 2 28a. PLACE	O (OR AS A CONSIDER OF INJURY — AI h, etc. (Specify)	EOUENCE C	1 2 not enter OF): OF): OF): In the un OTHER 4 Num ME OF JURY M street, fact	26. PLR: sing Hom 28c. INJ tory, office	DUNIC DUNIC	ALK ing, such	Part I. Part I. Bock only or B Other 28d. DES	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stete)	AUTOPSY RMED? I NO INJURY OCCU	24b.	Approximatintarval Bet Onset and Ons
ED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in the initiated events resulting in death) LA PART N. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CEI	diseases, or heart fellure. Finel Iktiona, dedicta ying given to medical target to medical target to medical target to medical target to medical target to medical target to medical target to medical target to medical target to medical target to medical target	a. DUE TO b. DUE TO d. DUE TO	O (OR AS A CONSIDER OF INJURY — AI In etc. (Specify)	EOUENCE C EOUENCE C Teaulting 3 □ DOA 28b. Till IN	DF): OF): OF): OF): OF): OF): In the un OTHER 4 Num ME OF JURY M street, fact	26. PLR: sing Hom 28c. INJ tory, office	DUNI de of dyi	ALK ing, suci	Part I. Part I. 28d. OES 281. LOC City	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stele)	BALTO Iratory arres I AUTOPSY RMED? I NO INJURY OCCU and Number of	24b.	Approximatintarval Bet Onset and I Onset a
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (Fidisease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL' CAUSE (Disease or in the initiated events resulting in death) LA PART N. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only 1 CEI	diseases, or heart feliure. Gittona, lediata ying livestigation To MEDICAL Pending Investigation Could not be determined RTIFYING PHYS DOCAL EXAMIN	b. DUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, L) 28a. PLACE of building	O (OR AS A CONSIDER OF INJURY — AI In etc. (Specify)	EOUENCE C EOUENCE C Teaulting 3 □ DOA 28b. Till IN	DF): OF): OF): OF): OF): OF): In the un OTHER 4 Num ME OF JURY M street, fact	26. PLR: sing Hom 28c. INJ tory, office	g cause g	ALK ing, suci	Part I. Part I. 28d. OES to the cast time, data	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stele)	BALTO Iratory arres I AUTOPSY RMED? I NO INJURY OCCU and Number of	24b. 24b. JRED r Rural A	Approximatintarval Bet Onset and Ons
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	23. PART I. Enter the shopk, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in the initieted events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only one) 2 ME	diseases, or heart feliure. distona, ledista ying light from the condition of the conditio	DUE TO DUE TO	O (OR AS A CONSIDER OF THE PRINCIPLE OF	EQUENCE C EQUENCE C Teaulting 3 DOA 28b. Till IN Jome, farm, Investigeth	In the under the tenth on, in my of	26. PLR: sing Hom 28c. INJ tory, office	g cause g	ALK ing, suci	Part I. Part I. 28d. OES to the cast time, data	24a. WAS AN PERFOR 1 YES 2 ATION (Street or Town, Stele)	BALTO Iratory arres I AUTOPSY RMED? I NO INJURY OCCU and Number of	24b. 24b. JRED r Rural A	Approximatintarval Be Onset and Onse

	68760	executed with	and anmala
	.O. BOX	certificate be	Man at all all an
	DRDS, P	that the death	of her the same
	AL RECO	e law requires	Annual Property
	OF VITA	HYSICIAN: Th	Att and the name
	DIVISION OF VITAL RECORDS, P.O. BOX 68760	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	Drown Aber
(6	HE MEDICAL O	A CONTRACTOR OF THE PERSON OF
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	Candan Annaha							E OF DEATH		3.	TIME OF DEATH
	Gerden Augustus Eddes, Jr.							ember	9. 199	13"	
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birt)				IF UNDER 1 YEA	7 -		E OF BIRTH		BIRTHPLA	CE (Stete or Fore)
1	705 10 5451 1X M 2 D F 78 YRS.				MONTHS DAT	HOURS	05/	02/191	5 E	alti	more, M
	9a. FACILITY NAME (If not inetitution, give		12.7	- 10		b. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH		
5	3 Navigator Cour	t	F4 .		Madd	le Rive	r		Baltimere County		
S I	10a. STATE 10b. COUN	imore	70-1	10c. CITY	TOWN OR LO	cation le Rive	r			1000	1. INSIDE CITY LIMITS?
A I	10e. STREET AND NUMBER 3 Havigater Com	t	16	1		10f. ZIP CODE	21	220			COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed Divorced	12. WAS DECEDENT E FORCES? 18 IF YES, DIVE WAR	YES 2 OR DATES		If yes	DECENDENT OF A specify Cuben, if YES 2 NO	Mexican, Puerte	ilN? (Specify Yes o Rican, etc.)			American Indian,
	16. DECEDENT'S ED (Specify only highest grad	DUCATION	18e. D		USUAL OCCUP		10	Sb. KIND OF BU	SINESS/INDU	BTRY	
COMPLET	Elementary/Secondary (0-12)	ili	(GNe kind of work done during most of working life. Do NOT use retired.) Bricklarer					Steel	2417		
8	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Last)						I'S NAME (First			- Applicate	
ш	Gordon: A.	Eades					Jane	Glara	Br	OWN	
	19a. INFORMANT'S NAME (Type/Print) Lesie E. Martin		11			et end Number or					220
	20a. METHOD OF DISPOSITION 1 Source 2 Cremeton 3 Re-		20b. PLACE	ANDDATEO	F DISPOSITION	(Nama of	DA	TE 20c. LO	CATION — CH	ly or Town,	State
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	oneswer.	120	A MILL							unty, M
	21. SIGNATURE OF FUNERAL BETTER	-2	1		Bru	and address zdzinsk: 7 Easte:	i Fune	ral Hou	ne P.A		
IFICATI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c	R AS A CONSE								
CERT	resulting in death) LAST										
MEDICA	PART II. Other algolificant condition	one contributing to de	eath but not	reaulting i	n the underl	ying cause give	en in Part I.	24a. WAS AN PERFOR 1 YES 2	AMED?	CO OF	RE AUTOPSY FIND ILLABLE PRIOR TO MPLETION OF CAL DEATH? YES 2 NO
Y Z	25. WAS CASE REFERRED TO MEDICAL				26	B. PLACE OF DEAT	TH /Chack only	000)			
SICI	EXAMINER?	HOSPITAL:	R/Outpatient	3 DOA	OTHER:	tome 5 Resid					
> .	27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE DF IN. (Month, Day,	JURY	28b. TIME INJ	OF 28c.	INJURY AT WORK?	28d. D	ESCRIBE HOW I	INJURY OCCU	RED	
2	2 Accident Investigation 3 Suicide 6 Could not be determined determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number of Ru										
ED BY P	Could not be	building, atc	:. (Specify)				Ci	y or Town, Stete)	end Number or)	Rural Route	Number,
ED BY P	4 Homicide determined 29e. CERTIFIER (Check only 1) CERTIFYIND PHY	/SICIAN: To the best of my	knowledge, d			date end place, ar	nd due to the c	y or Town, Stete)	nner as stated	ı.	
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O BE CÓMPLETED BY P	4 Homicide determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	/SICIAN: To the best of my NER: On the baels of exam	knowledge, d	Investigation	n, in my opinio	date and place, ar n, death occured	and due to the count the time, da	y or Yown, Stete) suse(e) end mai te end place, en	nner as stated and due to the 29d. DATE S	couse(e) en	d menner ae star infr. Dey, Year) 93

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 1. SEC. 1.		1. DECEMENT'S NAME (First, Middle, Last)			10/11/2	T DEATH	2. DATE OF DEATH	,.	3. TIME OF DEA
BOUND TO THE PART I LETTER THE diseases, or complications from State 23. PART II. Effect the diseases, or complications from State 23. BART II. Effect the diseases, or complications contributing to death but not resulting in the underlying cause given in Part II. Date Conditions 23. BART II. Effect the diseases, or complications contributing to death but not resulting in the underlying cause given in Part II. 24. Web An Autroper Perchanting 23. BOUNDATION OF PERFANA SERVICE LICENSEE 24. Web CAUSE (First III.) 25. Web		Herl O For					MONTH E	YEAR 93	0630
BAJACHITY NAME (Page Intelligence of Intellige		4. SOCIAL SECURITY NUMBER	1/	1			(Month/Day, Year)	B. BIRT	THPLACE (State or litry)
166, STEET AND NUMBER 176, MARTINE STATUS 177, MARTINE STATUS 178, WAS DECIDENT SEVENTON 178, WAS DECIDENT SEV	~	Se. FACILITY NAME (If got institution, give to	street and number)	à. H. I	96. CITY, TOV	VN OR LOCATION OF	7/	9c. COUNTY OF	DEATH
156, STIPET AND NUMBER 167, ATTEMPT & NO NUMBER 168, STIPET AND NUMBER 169, CITZEN OF NAME COUNTY 161, MARTINE STATUS 161, MARTINE	070		705	PITAL	CALT	THORE !	runjana		
DOUBTING TYES, DIVE WAR OR DATES 1 YES 2 DINO Speechy: Sp		Thyland Chi	Homone	10c. Ci	B. 11.	CO.			10d. INSIDE CIT LIMITS? 1 YES 2
DOUD TO THE PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART III. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions contributing to death but not resulting in the underlying	VERAL	104 STREET AND NUMBER	Hare			2/228		10g. CITIZEN OF	S.A.
TO THIS NAME (PICT, Middle, Last) The MOTHER'S NAME (Pict, Middle, Last) The MOTHER'S NAME (Pict, Middle, Last) The MOTHER'S NAME (Pict, Middle, Last) The MOTHER'S NAME (Pict, Middle, Last) The MOTHER'S NAME (Pict, Middle, Last) The MOTHER'S NAME (Pict, Middle, Last) The MOTHER'S NAME (Pict, Middle, Last) The MOTHER'S NAME (Pict, Middle, Last) The Mother's Name (Pict, Midle, Last) The Mother's Name (Pict, Midle, Last) The Mother's	BY	1 Never Married 2 Married	FORCES? 1 1	ES 2 NO	If yes	, specify Guban, Mexi	can, Puerto Rican, stc.)	Blo	ck, White, atc.
The MALING ADDRESS girver and Mumory or Purus Passe Number, City or Down, Span, Zip Codolly September Septem	PLETED	(Specify only highest grade	completed)	(Give kind of	work done during	ATION I most of working	16b. KIND OF BU	Stree	+ Clea
Pa. NIPOMANT'S NAME (Pro-Print) The MALLING ADDRESS girent and Number or Rural Role Number (City or Town, Spins, Ze Cody) Common City or Town, Spins City or Town, City or Town, City or Count, City or Town, City or Count, City or Count, City or Count, City or Count, City or Count, City or Count, City or Count, City or Count, City or Count, City or Count, City or Count, City or Count, City or Count, City or		mlten	forema-			16 MOTHER'S	NAME (First Middle, Meider	Sumama)	o ,
20. PLACE AND DATE OF DISPOSITION (Number During to Complete on Such Such Survey) 21. SIGNATURE OF PIKERAL SERVICE LICENSEE 22. PART II. Enter the diseases, or complications that caused that death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or conditions. 23. PART II. Enter the diseases, or complications that caused that death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition. 24. PART II. Enter the diseases, or complications that caused that death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition. 25. PART II. Enter the diseases, or complications that caused that death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval disease or condition. 26. DUE TO (OR AS A CONSEQUENCE OF): 27. DUE TO (OR AS A CONSEQUENCE OF): 28. Equantially list conditions, if any, leading to immediate cause. Enter UNDERTING CONSEQUENCE OF): 29. DUE TO (OR AS A CONSEQUENCE OF): 20. DUE TO (OR AS A CONSEQUENCE OF): 21. CONSEQUENCE OF): 22. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 2 MO YES 3 YES 2 MO YES 3 YES 2 MO YES 3 YES 2 MO YES 3 Y					G ADDRESS (Str	1/2	A U	wn, State, Zip Code)	212
Approximation College Commention College Colle				20b. PLACE AND DATE	- (-		1 1	DOMESION -/ City or 1	Town, State
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, alock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final diseases or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):		4 Donation 5 Other (Specify)			other piece	- Cemete	4 12/15/93		
ANDEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE: Enfort INDERTIFYING CAUSE. Enfort underlying to immediate resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE NO. 1	/			H- Wes	+	
Interval Interval		23. PART i. Enter the diseasea, pr	complications that car	used the death. Do	not enter the	mode of dying, se	uch as cardiac or resp	piratory arrest,	Approxi
DUE TO (OR AS A CONSEQUENCE OF): DUE TO		ahock, or heert fallure. IMMEDIATE CAUSE (Final	List Dnly one cause of	on each line.					Interval Onset a
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Olsease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):			a. DUE TO (OR	AS A CONSEQUENCE		nua			1000
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25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) 27. WANNER OF DEATH 1	- 11	PART II. Other aignificant condition	na contributing to dea	th but not resulting	in the underl	ying cause given	in Part I. 24e. WAS AF		
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)	음		Pay						COMPLETION OF
Accident Suicide Sui	-		9	ostrie o	rellest	obstru	lea		1 YES 2
Accident Suicide Sui	IAN					. PLACE OF DEATH (Check only one)		
Accident Suicide Sui	YSIC	1 TYES 2 THO	1 Inpatient 2 ER/			Home 5 - Residenc	e 6 □ Other (Specify)		
2 Accident investigation 3 Suicide 4 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATION (Street and Number or Rural Route Number, City or Rown, State) 28t. LOCATI		1 Natural 5 Pending			JURY	WORK?	28d. DEŞCRIBE HOW	INJURY OCCURED	
296. CERTIFIER (Check only one) 1 CERTIFIER 296. CERTIFIER 1 DEERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 296. SIGNATURE AND TITLE OF CERTIFIER 297. LICENSE NUMBER 298. LICENSE NUMBER 299. DATE SIGNED (Month, Day, Venture)		3 Suicide 6 Could not be	28e. PLACE OF IN. building, stc.	URY — At home, farm, (Specify)			281. LOCATION (Street City or Town, State	end Number or Rural n)	Route Number,
29d. DATE SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Ve.	Ä		ICIAN: To the beat of my i	nowledge, death occur	red at the time,	date and place, and d	ue to the cause(s) and ma	inner as stated.	
296. SIGNATURE AND TITLE OF CERTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 297. LICENSE NUMBER	OMI	anal							(e) and manner se
2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED AUSE OF DEATH (ITEM 27) (NAME AND ADDRESS OF PERSON WHD COMPLETED AUSE OF DEATH (ITEM 27) (NAME AND ADDRESS OF PERSON WHD COMPLETED AUSE OF DEATH (ITEM 27) (NAME AND ADDRESS OF PERSON WHD COMPLETED AUSE OF DEATH (ITEM 27) (NAME AND ADDRESS OF PERSON WHD COMPLETED AUSE OF DEATH (ITEM 27) (NAME AND ADDRESS OF PERSON WHD COMPLETED AUSE OF DEATH (ITEM 27) (NAME AND ADDRESS OF PERSON WHD COMPLETED AUSE OF DEATH (ITEM 27) (NAME AND ADDRESS OF PERSON WHD COMPLETED AUSE OF DEATH (ITEM 27) (NAME AND ADDRESS OF PERSON WHD COMPLETED AUSE OF DEATH (ITEM 27) (NAME AND ADDRESS OF PERSON WHD COMPLETED AUSE OF DEATH (ITEM 27) (NAME AND ADDRESS OF DEATH (ITEM 27) (NAME AND AD		29b. SIGNATURE AND TITLE OF CERTIFIE	A J	11	1.0	29c. LICENSE N	UMBER	29d. DATE SIGNE	D (Month, Day, Yes
		30. NAME AND ADDRESS OF PERSON WI	ID COMPLETED CAUSE OF	DEATH (ITEM 27) (34	provi	0	15144	P /2	- 10-93
				- V L V					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR	SIAIL OF MI	CI		ICATE OF			MICH IA	REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATH
	JOSEPH ANDREW FER	ANDES						1 2	ห เม 12	W	YEAR Q Q	12.25 p M
	4. SOCIAL SECURITY NUMBER	5. SEX 6	B. AGE (In yrs. les	it birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTI	IPLACE (State or Foreign
	218-09-5684	1 ★ M 2 F	72	YRS.	MONTHS DAYS	HOURS	MIN.	_	7-21		MAT	RYLAND
	9a. FACILITY NAME (If not institution, give st				96. CITY, TOWN	OR LOCATIO	ON OF DE		7-21	9c. COU	NTY OF D	
DIRECTOR	VAMC, FORT HOWARD	, MD. 210	52		BALTI	MORE				BA	LTI	MORE.
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY											
E					Y, TOWN OR LOC							10d. INSIDE CITY LIMITS?
	MARYLAND 100, STREET AND NUMBER			I B₽	LTIMORE					200		1 TY YES 2 NO
RA	902 S. PONCA STRE	p.m			1	of. ZIP CODE				10g. CITI	IZEN OF 1	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II C AD	MEO	10 100 00	21224			. 10		USA	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1.	YES 2 T	NO	If yes, s	pecify Cuber S 2 NO	n, Mexica	n, Puerto I	17 (Specify Yea Rican, etc.)	or No-	Spec	
	15. DECEDENT'S EDUC	CATION	16a, OE	CEDENT'S	USUAL OCCUPAT	ION		105	KIND OF BUS	INERO (INC		HITE
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	/G	ive kind of Do NOT u	work done during a	nost of workin	g	100				0.14
7	971		CAR	RPET	INSTALL	ER			ROL	AND	T.	ARK
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTH	IER'S NA	ME (First, A	Aiddle, Maiden	Sumama)		
BE	WILLIAM FERANDES						EPHI			RINE	R)	
TO B	19a. INFORMANT'S NAME (Type/Print) CLINICAL RECORDS		191	b. MAILING	NORTH P	and Number	or Rural F	Houte Numb	RT HOL	n, State, Zip	Code)	21052
ı	20a. METHOD OF DISPOSITION		T		OF DISPOSITION (OATI		CATION —		
ľ	1 Buriel 2 Cremation 3 Remo	val from State	cemetery cre	metory or o	ther place)		COM	1	-		4 1	CY/AND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ngte		_	22. NAME	ND ADDRES	S OF FA	CILITY .		10.1	1/1/	al Home
,	>/ herlind	Lon		1	263		. Za	annı	no Jr	. Ft	ıner	al Home
	23. PART I. Enter the diseases or e	omplications that	aused the de	sth. Do r	of enter the m	ode of dyl	DO BITE	LILIIG	St.	Ba Li	co.	Md. 21224
	shock, or heart failfure. I IMMEDIATE CAUSE II mail disease or condition	HEPATOR	on each line	1.		,						interval Batween Onset and Death
	resulting in death)	h	R AS A CONSEC									
2		ALCOHOL										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		R AS A CONSEC									
§	cause. Enter UNDERLYING CAUSE (Disease or Injury											
	that initiated events	OUE TO (O	R AS A CONSEC	UENCE O	F):							
ER	resulting in deeth) LAST	l.										
	PART II. Other algnificent conditions	contributing to de	eath but not n	esulting	in the underlyle	ng ceuse g	Iven in	Part I.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS
<u>১</u>									PERFOR	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
일								-	1 TYES 2	XNO		OF DEATH?
2	*							-				1 YES 2 NO
₹	25. WAS CASE REFERRED TO MEDICAL				28. 1	LACE OF DE	EATH (Chi	nck only on	9)			
Sic	EXAMINER?	HOSPITAL:	R/Outpatient 3	□ DOA	OTHER:							
PHYSICIAN: MEDICAL	27, MANNER OF OEATH	28a. OATE OF IN	JURY	28b. TIM	E OF 28c. IN	JURY AT	I		CRIBE HOW IN	JURY OCC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	reary	ING		ORK? YES 2 [NO					
0	3 Suicide 6 Could not be	28s. PLACE OF II	NJURY — At hor	me, farm, s	street, factory, off	Ca		281. LOC/	ATION (Street a	nd Number	or Rural F	loute Number,
	4 Homicide determined		(-)//					Only (or Town, State)			
٦ ا	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAN: To the best of m	y knowledge, de	ath occurre	ed at the time, dat	a and place,	and dua	to the cau	se(a) and man	ner es atel	ed.	
COMPLETE	one) 2 MEOICAL EXAMINER) and manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFICA	0.0	\cap			29c. LICE						(Month, Day, Year)
BE	4 lacceasa	ne In	0			Di	26	29	/ [> /	2/	12/93
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF OEATH (ITEM	4 27) (Type,	Print)	400	WI	J L (7	7.0
	MARCIA KANE, M.D.,	9600 NOR'	TH POIN	T RO	AD, FOR	T HOW	ARD.	MD.	21052	•		J
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	100			,					
	DEC 1 4 1993	guna De	Widson-A	endell	_							I

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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VISION OF VITAL RECORDS, P.O. BOX 68760,	Contract of the last of the la
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		is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should		
		30es 1.		
		ermit, P		
	lan.	transit p		
	physici	e burial		
	attending	se as th		
	pital or	ed for us		
	the hos	detach		once.
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î	ny be ret	page 5 s		be no
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	24 hou	y filled in	tion, or	the me
	ed within	ompletely	II, crema	event,
	e execute	in and c	to buria	umatic
	G PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	physicia	ene prior	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	eath cert	attending	ntal Hygis	y, or of
	at the d	by the	and Mer	y injur
	quires th	n signed	f Health	OWS an
	e law re	has bee	Dept. o	1 23 sh
	CIAN: Th	ertificate	the State	or item
	G PHYSI	er this c	th with	narked,
	TENDIN	TOR: Aft	after dea	28 is m
	AL OR A	AL DIREC	2 hours	If Item
	HOSPIT	FUNERA	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT
1	TO SH	日本	be filed	IMPER

1. DECEDENT'S NAME (First, Middle, Last)		_	II TOTTI E	OF DEATH	2. DATE OF	REG. NO.	
HYMAN		FI	NKELSTI	EIN		MBER*8,199	95 ^{an} 6 AM
4. SOCIAL SECURITY NUMBER 218-07-7281	1 XXM 2 □ F	AGE (In yrs. lest birtho	MONTHS	YEAR IF UNDER 24 MRS. DAYS HOURS MIN.	APRI	E 15,1902	a. BIRTHPLACE (State or Foreign RUSSIA
98. FACILITY NAME (If not institution, give 340 HIGH KNOB			9b. CITY, 1	REISTERS		9c. COUNT	BALTIMORE
10a. STATE MARYLAND 10b. COUNT	TY	10c.	BALTIM	DRETION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 4007 BROOKHILL	ROAD	O. F		101. ZIP CODE 21215		10g. CITIZI	EN OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EX FORCES? 1 I	YES 2 NO	lf.	AS DECENDENT OF HISP/ yes, specify Cuben, Maxk YES 2 X NO Spec	en, Puerto Rica		14. RACE — American Indian, Black, White, etc. Specify: WHIT
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give kind	OT use retired.)	CUPATION wing most of working		NO OF BUSINESS/INDU	
17. FATNER'S NAME (First, Middle, Lest) ISAAC FINKELST	EIN			16. MOTNER'S N		lle, Malden Surname)	KOTZIN
23. PART I. Enter the diseases, or shock, or heart feiture	complications that ce		60	SOL LEVINS			
immediate Cause (Finel disease or condition resulting in death) Sequentially list conditions,	aDUE TO (OR	Town as A CONSEQUENCE	ney's		ch as cardisc		IMORE, MD 212 st, Approximata interval Batwo Onset and Da 5 year
disease or condition resulting in death)	a. DUE TO (OR DUE TO (OR C.	on each line.	**************************************	ha moda of dying, su	ch as cardisc		est, Approximate interval Betwee Onset and Da
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR b. DUE TO (OR C. DUE TO (OR	AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE AS A CONSEQUENCE	E OF):	ha moda of dying, su	n Part I. 24		est, Approximate interval Betwee Onset and Da
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (OR DUE TO	DO BECH INC. AS A CONSEQUENCE	E OF): E OF): THE OF): THE OF INJURY M TIME OF INJURY M Trm, street, factor curred at the tirr gation, in my op	Denviron Denviron Denviron Denviron Denviron Denviron Denviron Denviron 28. PLACE OF DEATH (Comp Home 5 Passidence Rec. INJURY AT WORK? 1 YES 2 NO No, office No, dete and place, and du Indon, death occurred at the place of the	n Part I. 24/	a. WAS AN AUTOPSY PERFORMED? YES 2 NO NO (Street and Number of parts) So (Street) No (Street)	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 VES 2 NO WRED WRITE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 VES 2 NO STORY OF CAUS OF DEATH? 4. cause(s) and menner as stated SIGNED (Month, Day, Year)
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 4 Nomicide actermined determined (Check only one) 1 CERTIFYING PHYS (Check only one) 2 MEDICAL EXAMINER.	DUE TO (OR DUE TO	DRY At home, far (Specify) DE DEATN (ITEM 27)	E OF): E OF): THE OF): THE OF INJURY M TIME OF INJURY M Trm, street, factor curred at the tirr gation, in my op	Device Device	n Part I. 24/	a. WAS AN AUTOPSY PERFORMED? YES 2 NO NO (Street and Number of parts) So (Street) No (Street)	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Abours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netified at once.

2

REGISTRAR	STATE OF MA	RYLAND /	DEPAR ERTIF	TMENT	OF H	EALTH DEAT	AND N		GIENE 3. NO.	93	3627
1. DECEDENT'S NAME (First, Middle, Lust) ROSCOE E.	Fleming		100		33			2. DATE OF DEA MONTH Dec. 1	DAY	993	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-14-6421 A	1 🕅 M 2 🗆 F	3. AGE (In yrs. les	YRS.	IF UNDER	DAYS	IF UNDER	MINC.	7. DATE OF BIRI (Month, Day,) July 10	, 1918	Ma	ryland
90. FACILITY NAME (If not institution, give a Carroll County RESIDENCE OF DECEDENT		ospital	1			inst		ATH		rro1	
	Carroll Cou	nty	10c. CIT	Y, TOWN O	oodb	ine					10d. INSIDE CITY LIMITS? 1 YES 2 NO
6915 Woodbine R						217	97			U.S.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 🖾 Married 3 Newlowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, OIVE WAI	YES 2 X		- 1	f yes, sp			IC ORIGIN? (Spec n, Puerto Rican, a :		Bla	E — American Indian, ok, White, etc. city: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 7 th		(G life.	CUCK	vork done o se retired.)	during mo	N st of working	9		hern		
17. FATHER'S NAME (First, Middle, Last) Charles A.	Fleming		den	DIIV	<u>- 1</u>	4		ne Ann	Melden Surneme)	28
190. INFORMANT'S NAME (Type/Print) Mrs. Helen Flemi			6. MAILINO			nd Number	or Rural R	Woodbin	or Town, State,	Zip Code)	7
21. SIGNATURE OF FUNERAL SERVICE LE 22. PART I. Enter the diseases, or shock, or heart fallure. IMMEDIATE CAUSE (Final disease or pondition	B C	caused the dee on each line	eath. Do r	Bu 1	rrie	r-Que	een 01d	Funeral Libert	y Road	tors, Wir	P.A.21784 field, MD Approximate interval Betwee Onset and Da
Sequentially list conditions, if any, leading to immediate	b	OR AS A CONSECUTION AS	QUENCE OF	F):	K.V.	9					
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d			in the un	derlying	cause g	iven in I	Р	VAS AN AUTOPS PERFORMED?	SY 24	b. WERE AUTOPSY FINDING MAILABLE PRIOR TO
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		eath but not i	reaulting					_ '0'	YES 2 PHO		OMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ne contributing to d			OTHER	26. PL			ock only one)			OF DEATH?
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MAHNER OF DEATH 1 Naturel 5 Pending	ne contributing to d	ER/Outpatient 3	DOA DOA	OTHER	26. PL 3: sing Hom 28c. INJ WO	5 12 Aa	sidence		lly)	OCCURED	OF DEATH?
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 1 25a. DATE OF IP	ER/Outpatient 3 NJURY Year) INJURY — At ho	DOA DOA	OTHEF 4 Hun E OF URY M	26. PL R: sing Hom 28c, INJ WO 1 1 1	• 5 PAn URY AT RK? YES 2	sidence	ack only one) 6 Other (Speci	ny) HOW INJURY (OF DEATH? 1 YES, 2 NO

29a. CERTIFIER	A TO CERTIFYING BUYGOVANI, T. M. L. A. C. M. L. A. C. M. A. C. M. M. C. M. M. C. M. M. C. M. M. C. M. M. C. M. M. C. M. M. C. M. M. C. M. M. C. M. M. C. M. M. C. M. M. M. M. M. M. M. M. M. M. M. M. M.
(Chack only	1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
CONSCR ONLY	

aluch will suppose	20c. LICENSE NUMBER D 20806	29d. DATE SIGNED (Month, Day, Year) 2/13/93
130. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1704, Print). PATRICK A TURNES, WD - 1425 LIBERTY Ref	Eldersbus mo	4784
DEC 14 1002 Julia Savidama Randale		

DHMH-16 Rev 1/89

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and any	BALTIMORE, MARYLAND 21215-0020	be retained by the hospital or attending physicia
		nin 24 nours after death. Page 6 may
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2° mours after death. Page 6 may be retained by the hospital or attending physician

10 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ª frouts after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burgat partner pages 1.2.3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	ITEMS: 1.10c.10e.10f.19a.19b, PER F.	H. FILM G-70	6 12/14/9	93 t.t		0	0 00000
	REGISTRAR		TMENT OF		MENTAL HYGIEN REG. NO	E 9	3 36280
	1. DECEDENT'S NAME (First, Middle, Last) ROSE S. FR					8 9	3. TIME OF DEATH 3. 11:58 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 083-32-8270 1 M 2 F 98. FACILITY NAME (If not institution, give street and number)	93 YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yber) 6 / 26 / 1900	H	BIRTHPLACE (State or Foreign Country) Iungary
TOR	Pickersgill Retirement	Comm.	Tows	OR LOCATION OF D	EATH	9c. COUNTY Bal	timore
DIRECTOR	Md. Baltimore		, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL.	615 Chestnut Avenue			21201	21208	US	OF WHAT COUNTRY?
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF		It yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) fy:	or No.— 14.	.RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT us	rork done durina m	ost of working	16b. KIND OF BUS	AT HOM	
	12 17. FATHER'S NAME (First, Middle, Last) LOUIS SC	CHNEIDER		18. MOTHER'S NA	AME (First, Middle, Maiden RIAM	Surname)	AEFER
TO BE	19a. INFORMANT'S NAME (Type/Print) MRS. IRMA FRANK Patricia Bendler	19b. MAILING	ADDRESS 612	CLIVEDEN F	ROAD BALTII	MORE MD.	21208
	20a METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Mamoval/from State 4 Donation Other (Specify)	20b. PLACE AND DATE Of Commetery, cremetory or off	F DISPOSITION (A	lame of		CATION — City	or Town, Stata LLE PARK, N.J.
	21 BIGHATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	NO ADDRESS OF E	VINSON & BI	ROS.,I	NC.
		sed the death. Do not eech line.	ot enter the m	ode of dying, suc	th as cardiac or reapl	ratory arrest	MORE, MD 21215 Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	S A CONSEQUENCE OF	ion				10 day
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to deeth		n the underlylr	ng causa given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input left 2 ER/O	outpatient 3 DOA	QTHER:	LACE OF DEATH (C)	eck only one) 6 Other (Specify)		
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Day, Year 2 Accident Investigation	Y 26b, TIME	ÖF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW II	JURY OCCUR	ED
- 1	4 Homicide detarmined	RY — At home, farm, si pecify)	treet, factory, offi	ce	28t, LOCATION (Street a City or Town, State)	nd Number or F	Rural Route Number,
COMPLEIED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my kn one) 2 MEDICAL EXAMINER: On the basis of examina						Nuse(8) and manner as stated.
O DE	296. SIGNATURE AND TITLE OF CERTIFIAN	ey, mi)	29c. LICENSE NUI	MBER LOS	29d. DATE SI	GNED (Month, Day, Year) 408/93
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF ANTHONY COMPLETED CAUSE OF 31. DATE FILED (Month, Day, Year) 2. REGISTRAR'S SI	ey, M	Print)	GBM	7C 6	701 N	l. Charles Stre
	72. REGISTRARIS SI	GNATURE.					

DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS	The law requires that the	TO THE FUNERAL DIRECTOR THE CENTRAL OF THE BOOK OF THE DEPT. OF HEAlth and M be filed within 72 hours after pears.
ISION OF	UTENDIAS PHYSICI	CIUR. THE COL
NO	HOSPITAL OR	FUNERAL DIRE within 72 hours
	TO THE	THE DE MED

	1. DECEDENT'S NAME (First, Middle, Last)		-	CERTIF	ICATE C	OF DEA	TH	REG. NO).	3. TIME OF DEATH
	Louis R.	FULL.	ANO					12 12°	199	9:31 A.
	4. SOCIAL SECURITY NUMBER 2/3-34-352/	5. SEX 1 📉 M 2 🗆 F	6. AGE (In	8/ YRS.	IF UNDER 1 YE.		ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 7 - / 3 - / 9		BIRTHPLACE (State or Foreign Country)
	Se. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	VN OR LOCA	TION OF DI			Maryland
DIRECTOR	Franklin Squa	are Hosp		Balt:	imore County					
REC	10a. STATE 10b. COUNT				Y, TOWN OR LO	CATION				10d, INSIDE CITY LIMITS?
		ltimore		B	alto.					1 TES 20 CNO
FUNERAL	10e. STREET AND NUMBER	1111	. 0	1		10f. ZIP CO				OF WHAT COUNTRY?
N.	4441 Buck Sc.	12. WAS DECEDEN			1 42 1490	2/2		NIC ORIGIN? (Specify Ye		.S.A.
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES	2 NO	If yes		ban, Maxica	in, Puerto Rican, etc.)	6 OF NO.	RACE — American Indian, Black, White, etc. Specify: white
0	15. DECEDENT'S ED			16a, DECEDENT'S	USUAL OCCUP	ATION	Man	16b. KIND OF BU	SINESS/INDUS	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	•)	Trans	work done during se retired.) Len Bi			Sel	L	
COR	17. FATHER'S NAME (First, Middle, Last)			100 100		0.7		ME (First, Middle, Maiden		
BE	Gennano Full	ano						-Anna Pi		
10	19a. INFORMANT'S NAME (Type/Print)	-						Route Number, City or Tox		
	Mrs. Rose R.	tulland	$\overline{}$				rooli			o., Md21237
	20a. METHOD OF DISPOSITION 1X Burlel 2 Cremetion 3 Res	novel from State	20b.f	PLACE AND DATE tery, crematory or c	of DISPOSITION other place)	(Name of				y or Town, State
	4 Donation 5 Other (Specify)	ICENSEE	- 1 <i>f</i>	tery, crematory or of	edeme	E AND ADDE	Z OF EA	12/15	Bal	to, Ad
	Martley	: D27						Lles Fund	eral i	Home Md21234
ERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Myoc oue to Gast	or as a cornt	ar Fibr	ction Sleed	on				Onset and Das
N: MEDICAL CE	PART II. Other eignificant condition	ns contributing to	death bu	t not reaulting	in the under	ying cause	given in	Part I. 24s. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINI AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	. PLACE OF	DEATH (Ch	eck only one)		
YS!	1 TYES 2 NO	1 Inpatient 2		tient 3 DOA		Home 5 🗆	Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF DEATH 1 🔀 Netural 5 🗌 Pending 2 🗍 Accident Investigation	28a. DATE OF (Month, L	INJURY Pay, Year)	28b. TIA	JURY	INJURY AT WORK?	□ NO	20d. DESCRIBE HOW	INJURY OCCUP	RED
ETED B	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE (building,	etc. (Specifi	— At home, farm,	street, factory,	offica		261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLE	one)							to the cause(s) and ma		ause(s) and manner as stated
15	29b. SIGNATURE AND TITLE OF CERTIFIE	ER .)	- 51			29c. LI	CENSE NUI	MBER	29d. DATE S	IGNED (Month, Day, Year)
TO BE	Richard	Hui	m.) .					12/	13/93

ALTIMORE, MARYLAND 21215-0020
death. Page 6 may be retained by the hospital or attending physician.
funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the completely filled in by the funeral director, page 5 should be detached for use as the completely filled in by the funeral director, page 5 should be detached for use as the completely filled in by the funeral director, page 5 should be detached for use as the completely filled in by the funeral director, page 5 should be detached for use as the completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTABLE IS have 28 in marked, on them 23 shows any interview or other traumable event the marklest evantines must be notified at once.
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_	REGISTRAR		CERTIF	ICATE OF	DEATH	RE	EG. NO.		
	1. DECEDENT'S NAME (First, Miriran Last,	Talmage	FARI	MER		2. DATE OF D MONTH 2	EATN DAY 0	93	3. TIME OF DEATH 9:51A M
	4. SOCIAL SECURITY NUMBER 245-07-8308	1	GE (In yrs. last birthday) 78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day) Aug.	Year)	Counh	PLACE (State or Foreign thCarolina
	9e. FACILITY NAME (If not institution, give		70	9b. CITY, TOWN (OR LOCATION OF DE			NTY OF D	
DIRECTOR	Franklin Squ		tal		ssville			ALTIN	
<u> </u>	10a. STATE 10b. COUN			Y, TOWN OR LOCA					10d. INSIDE CITY
	Md .	BAltimor	е		iddle R	liver			LIMITS?
FUNERAL	10008 Crane	e Lane		10	212	220	US:		VHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, OIVE WAR D	ES 2 NO	If yes, sp	ecity Cuban, Mexical 2 NO Specify	n, Puerto Rican,		14. RACE Black Speci	- American Indian, k, White, atc.
COMPLETED	15. DECEDENT'S ED (Specify only highest grad		16a, DECEDENT'S (Give kind of v life. Do NOT us	USUAL OCCUPATION	ON est of working	16b. KING	OF BUSINESS/IN	DUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 5+)			0 = 1		harash 1	11000	24-3
M	17. FATHER'S NAME (First, Middle, Last)		Super	rintend	18. MOTHER'S NA		hurch l	HOSP	oltal
Ö		Farmer			MOTHER S NA		lda To:	111:	ror
BE	19a. INFORMANT'S NAME (Type/Print)	rather	19b. MAILING	ADORESS (Street o	and Number or Rural F				er
2	Nellie Farme	ar			e Lane				1220
	29a. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (Na			20c. LOCATION —		
	1 Burlei 2 Cremetion 3 Red 4 Donation 5 Other (Specify)	noval from Stale	Moreland	ther place) Memor	ia1 12/	13/93	Raltin	more	MD.
	21 SIGNATURE OF FUNERAL SERVICE L	ICENSEE	11.	22. NAME A	elly Fu	CILITY			
	22 PART I Enter the disperse or	unelal	Home	30	O Mace	Ave	Raltim	are	M6 21221
	23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	Cardiac	C ARREST	F):					Interval Between Onset and Death
N	Sequentially list conditions,	b	HEART B1						
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	The state of the s	AS A CONSEQUENCE OF						
F I	CAUSE (Disesse or Injury that initiated events	c. Conjesti	AS A CONSEQUENCE OF						
F	resulting in death) LAST	Ischemic	Cardiomy	pathy					
MEDICAL	PART II. Other significant condition	ns contributing to desi	th but not resulting	in the underlyin	g ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2X NO	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
		4.00							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (Ch	eck only one)			
YSI	1 TES 2 X NO	1 N inpetient 2 - ER/		4 - Nursing Hor	ne 5 🗆 Residence				
BY PHYSICIAN:	27. MANNER DF DEATN 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJU (Month, Day, Ye.		URY WO	PURY AT DRK? YES 2 NO	28d. DEŞCRIB	E NOW INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	26e. PLACE OF INJ building, etc. (URY — At home, ferm, (Specify)	street, factory, offic	0	281. LOCATION City or Tox	N (Street and Number vn, State)	r or Rural I	Route Number,
COMPLETED		SICIAN: To the best of my k							a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTURA	phi	~		29c. LICENSE NUM	ABER	29d. DAT	TE SIGNEO	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON W Rodney Johnson		nklin Squa		e, Balto.	, MD	21237		
	31. DATE CLED (MONT) P. 993	Julie Walley							
	DEC 1 4 1933	0							

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Item20b,Film706,12/17/93,1t
FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 36283 93

	1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10.	
9	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	DAY	3. TIME OF DEATH
l i	Alexander	Frankl	in		ī	ecember		993 6:30 A M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. /	GE (In yrs. last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		L BIRTHPLACE (State or Foreign Country)
- 1	231-12-1706	1-∏ M 2 □ F	7.2 YRS.	MONTHS DAYS	HOURS MIN.	Sept.16		**
	9s. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH		Y OF DEATH
DIRECTOR	Perry Point V	A Hospita	1	Pe	erry Po	int	Ce	eci1
H	10a. STATE 10b. COUN		10c. CFI	Y, TOWN OR LOCA				10d. INSIDE CITY
	Md Som	erset		Westor	ver			1 YES 2 NO
A	10e. STREET AND NUMBER			10	. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
E	7546 Catlin	Road			21871		Ü	JSA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1				NIC ORIGIN? (Specify	Yes or No- 1	4. RACE — American Indian, Black, White, etc.
BY I	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR C	R DATES		25 NO Specif	nn, Puerto Rican, etc.) y:		Specify:Whire
ED B		42-4						
1	15. DECEDENT'S ED (Specify only highest grad	le completed)	16a. DECEDENT'S	USUAL OCCUPATION work done during more retired.)	ON ast of working	16b. KIND OF I	BUSINESS/INDU	STRY
12	Elementary/Secondary (0-12)	College (1-4 or 5+)						
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Superv	ısor	10 MOTHER'S NA	ME (First, Middle, Maid		ompany
	- 1. 200 See - 100 See - 100 See - 200							
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street)		a Lime (Corde
임	Lois Hubba	Frankli	n			Westove		
	20a. METHOD OF DISPOSITION		20b. PLACE AND DATE					L I O / I
	1 Burial 2 Cremation 3 Re- 4 Donation 5 Other (Specify)	moval from State	Garrison	Forest (emetery,	14/93	altima	ro Md
	21. SONATURE OF FUNERAL SERVICE L	ICENSEE	Mererana	22. NAME A	D ADDRESS OF FA	CILITY	ZI L. L. BRILL	A.E. Elli-
	16 111. 1	1	11			neral H		
	23. PART I. Enter the diseases, or	complications that car	end the death Do	/ 3/	00 MACE	Ave. B	altimo	re Md. 21221
- 1	shock, or heaft fallure	List only one cause of	on each line.	iot enter the me	de or dying, suc	in as cardiac or res	piratory arre	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	77						Onset and Death
	resulting in death)	a. Phoum	OILL CL AS A CONSEQUENCE O	n:				
z		h						Ì
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEDUENCE O	F):				
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c						
	that initiated events resulting in death) LAST	DUE TO (DR	AS A CONSEDUENCE O	F):				
H	Tooling in doubly Exist	d						
1	PART II. Other significant condition	ons contributing to dea	th but not resulting	in the underlyin	g cause given in	Part I. 24s, WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
DICAL	Multi-infar	ct dement	ia			PERF	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
						' ' ''	2 🗆 110	OF DEATH?
-						_		1 1 163 2 1 110
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF DEATH (Ch	eck only one)		
Sic	EXAMINER?	HOSPITAL:	Outpatient 3 🗆 DOA	OTHER:	e 5 🗆 Residence	5 Other (Specify)		
Ě	27. MANNER OF DEATH	28s. DATE OF INJU		E OF 28c. INJ		28d. OESCRIBE HON	V INJURY OCCU	RED
BY	1 Netural 5 Pending 2 Accident Investigation	(Mornin, Day, 16	-/		YES 2 NO			
	3 Suicide 8 Could not be	28e. PLACE DF INJ building, etc.	URY — Al home, farm, 'Specify)	street, factory, offic	•	281. LOCATION (Stree City or Town, Sta		r Rural Route Number,
	4 Homicide determined					5.7, 5. 15, 5	,	
7	29a. CERTIFIER (Check only 1 CERTIFYING PNYS	SICIAN: To the best of my k	nowledge, death occurr	ed at the time, data	and place, and due	to the cause(s) and n	nanner as stated	1.
COMPLETED		IER: On the basis of examin	ation and/or investigation	on, in my opinion, c	eath occured at the	time, date and place,	and due to the	cause(s) and manner as stated,
		-			29c. LICENSE NUI	WBER	29d. DATE	SIGNED (Month, Day, Year)
	296. SIGNATURE AND TITLE OF CENTIFIC	EH /			The second secon			
BE	296, SIGNATURE AND TITLE OF CENTIFIE				D41608	3	1	
	29b. SIGNATURE AND TITLE OF CENTIFIE	MV	DEATH UTEM 27) (Type	Print)	D41608	3) 1:	2/11/93
BE	30. NAME AND ADDRESS OF PERSON W	ND COMPLETE CAUSE OF	AMC Perry			21902	▶ 1:	
BE	Tuc	ND COMPLETE CAUSE OF					1.	

020	phiering
, MARYLAND 21215-0020	other death. Pane 6 may be retained by the hospital or attending observing
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BALTIMORE,	or death
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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	Jose	ephin	e	FI	LESHMA	AN				12	11	2 199	YEAR 3	1:28
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. I		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTHPL	LACE (State or For
	218-28-2243		1 🗆 M 2 🏝 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	May	Day, Year)	74	Country)	
	Ba. FACILITY NAME (If not inst		street and number)	13		9b. CITY	Y, TOWN C	OR LOCATI	ON OF DE		7. 15		TY OF DEA	inia TH
DIRECTOR	Franklin So	DATE	Hospital			Ro	ssvi	lle				Balt	imore	County
Ä	10e. STATE	10b. COUNT	ry		10c. CIT	Y, TOWN	OR LOCAT	ION					1	Od. INSIDE CITY
ā	Maryland	Balt	imore		Ess	sex							1	YES 2 W
Y I	10e. STREET AND NUMBER						101	ZIP COD	E			10g. CITIZ	EN OF WH	AT COUNTRY?
띪	330 S. Tay	rlor A	Avenue				2	21221				U. S	S. A.	
FUNERAL	11. MARITAL STATUS		12. WAS DECEDENT								? (Specify Y		14. RACE -	- American India
BYF	1 Never Married 2 h		IF YES, OIVE W	YES 2	био			ecify Cube 257 NO		n, Puerto F /:	tican, etc.)	200	Specify:	White, etc.
	3 Widowed 4 Divorce	ced												White
E	15. DECE (Specify only	DENT'S EDU	UCATION le completed)		DECEDENT'S				20	16b.	KIND OF B	USINESS/INDU	JSTRY	-
	Elementary/Secondary (0-1		College (1-4 or 5+	- 4	life. Do NOT u	se retired.)								
<u> </u>	12			F	louse	Wife				H	ome			
COMPLET	17. FATHER'S NAME (First, Mid	idle, Last)						18. MOTI	HER'S NA	ME (First, A	Aiddle, Maide	n Surname)		
ш	Joseph P.	Clari	ke					Edi	th I	oste	r			
8	19a. INFORMANT'S NAME (Typ	pe/Print)			196. MAILING	ADDRES	S (Street e	nd Number	or Rural	Route Numb	er, City or To	wn, State, Zip	Code)	
임	William Fl	eshua	an		2100	Albr	ook	Gt.	Fa]	lste	n. Ma	ryland	1 210	47
	20a. METHOD OF DISPOSITIO	ON C		20b. PLAC	EANDDATE	OF DISPOS	SITION (Na	me of		DATI		OCATION — C		
	1 Suriel 2 Cremetion 4 Donation 8 Donation		noval from State	Ebene	cremetory or o	ther place)	Ch C	lem	12/1	5/93	Ba	Itimor	ne Go	ounty. 1
	21. SIGNATURE OF FUNERAL	SERVICE L	CENSEE	//		22.	NAME AN	ID ADDRE		CILITY				our oy a
	14/		9-00	6/	_	Br	uzdz	insk	ci. Fr	mera	1 Mon	ne PA		
_4	Jechara	1	- F	A CONTRACTOR OF THE PARTY OF TH		13 4	INT T				73	may 1	Vaner	and 212
7	23/PART I. Enter the dis ahock, or he iMMEDIATE CAUSE immediate or condition resulting in death)	art fallyrb.		t caused the case on each like geal Ca	ne. ancer	with	r the mo	da of dy	ing, suc	h aa card	llac or rea	piratory arre	ent,	Approxima
CATION	ahock, or he IMMEDIATE CAUSE (First disease or condition resulting in death) Sequentially list condition If any, leading to immedicause. Enter UNDERLYIN	art failure.	Esopha. DUE TO	se on each lic	ne. BINCET	with	r the mo	da of dy	ing, suc	h aa card	llac or rea	piratory arre	ent,	Approxima
RTIFICATION	ahock, or her iMMEDIATE CAUSE (Fina disease or condition resulting in death) Sequentially list condition If any, leading to immedia	art failure.	Esopha DUE TO DUE TO	se on each like geal Ca	ne. BEOUENCE O	with	r the mo	da of dy	ing, suc	h aa card	llac or rea	piratory arre	oat,	Approxima
	shock, or her immediates or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLYIN Cause. Enter UNDERLYIN that initiated events	art failurs.	ESOPHA. DUE TO DUE TO DUE TO d.	geal Ca (OR AS A CONS (OR AS A CONS	THE SECUENCE OF SE	with	r the mo	da of dy	letas	stase	lac or rea	piratory arre	24b. W	Approximation of the control of the
DICAL CERTIFICATION	ahock, or he IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurthat initiated events resulting in death) LAST	art failurs.	ESOPHA. DUE TO DUE TO DUE TO d.	geal Ca (OR AS A CONS (OR AS A CONS	THE SECUENCE OF SE	with	r the mo	da of dy	letas	stase	lac or rea	PIRATORY AFTER	24b. W	Approximation of the control of the
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BY PHISICIAN: MEDICAL	ahock, or heimagness and the asset or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition of the any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or Injurt that initiated events resulting in death) LAST PART II. Other algnificents algnific	ent fallure. Dona, lete lid gy It condition MEDICAL Pending investigation to be elemined	a. Esopha. DUE TO b. DUE TO c. DUE TO d	geal Ca (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not injury oy, Year) FINJURY — At I	BINCEY BEOUENCE O BEOUENCE O REQUENCE O Treaulting 3 DOA 28b. Till IN.	OTHE	nderlying 26. Pt. R: rsing Hom 26c. INJ ctory, office	Jer M g cause (fetas fetas given in meath (Ch	Part I. Buck only on Chy Chy To the cau	24a. WAS A PERFC 1 YES e) r (Specify) CRIBE HOW	IN AUTOPSY DRMED? 2 1 NO 2 INJURY OCCI	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approximal interval Ba Onset and Ons
BY PHYSICIAN: MEDICAL	ahock, or heimagnetic in the second of the s	ons, lete egg y let condition medical condition	BICIAN: To the basic of exp	geal Ca (OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not injury oy, Year) FINJURY — At I	BINCEY BEOUENCE O BEOUENCE O REQUENCE O Treaulting 3 DOA 28b. Till IN.	OTHE	nderlying 26. Pt. R: rsing Hom 26c. INJ ctory, office	G CRUSE (ACE OF D OF 5 Re OF TO TRIKE	given in	Part I. Back only on Chy or to the cautime, dete	24a. WAS A PERFC 1 YES e) r (Specify) CRIBE HOW	IN AUTOPSY PRIMED? 2 T NO INJURY OCCI	24b. WAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	Approxima Interval Be Onset and VERE AUTOPSY FR MAILABLE PRIOR TO DAMPLETION OF C OF DEATH? YES 2 N
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR 12-JOHNNY B. GILMORE 10-93 n/a 4. SOCIAL SECURITY NUMBER 5 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTN 8. BIRTNPLACE (State or Foreign (Month, Day, Year) 03- 29-247 - 72 - 1937 DAYS 1 X M 2 🗆 F 51 S. CAROLINA use as the burial-transit permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATN 2234 E. LANVALE STREET DIRECTOR BALTIMORE n/a RESIDENCE OF DECEDENT 10e. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND n/a BALTIMORE 1 (X) YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2234 E. LANVALE STREET UNITED STATES 21213 in site death. Page 6 may be retained by the hospital or attending physician. In by the funeral director, page 5 should be detached for use as the hariatinantemoral. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-II yee, specify, Cuben, Maxican, Puerto Rican, atc.) 1 YES 2/[] NO Specify 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried FORCES? t YES 2/YNO BY Specify: BLACK 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Flementary/Secondary (0-12)
7 TH College (1-4 or 5+) DISABLED n/a 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Melden Surne LES GII MORE 70 JANNIE HYMON BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 JANNIE HYMON E. LANVALE STREET, BALTIMORE, MARYLAND pe 20s. METHOD OF DISPOSITION

1 Buriel 2 Cremation 3 Removal from State

2 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must ***BALTTIMORE PCEMETERY 12- 15 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNEBAL'SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.- 1101 E. NORTH AVENUE medicai filled in by t 23 PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart feilure. Liet only one ceuse on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death hepatocellular correinoma DUE TO (OR AS A CONSEQUENCE OF): the disease or condition npletely 1 3 months event, reaulting in death) and com E03 patic cirrhosis 1ears traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Hygiene pri 2 if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events attending reaulting in deeth) LAST 6 Mental 1 PART ii. Other significent conditions contributing to death but not recuiting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERF AUTOPSY FINDINGS MEDICAL signed by the AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES 2 NO OF DEATH? Shows 1 YES 2 NO PHYSICIAN: has be Dept. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) Item certificate h HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Nome 5 Residence 0 Other (Specify) the 0 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d. DESCRIBE NOW INJURY OCCURED this (marked, 1 Natural Pending 1 YES 2 NO After the BY 2 Accident 28e. PLACE OF INJURY — At home, Jerm, street, fectory, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide COMPLETED 8 Could not be DIRECTOR: 4 Nomicide 28 determined 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at this time, date end place, and dus to the cause(s) and menner ee stated. (Check only one) THE HOSPITAL THE FUNERAL I 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year) BE can D43050 13 13 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) Duncan, m.D. 1000 E. Eager St. Baltimore wid 21202 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled is	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the me
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29b. SIGNATURE AND TITLE OF CERTIFIER

PHILIPPE

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MSC-IN GODARIE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

93 36286 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH Marjorie Greene YEAR MARJORIE DEC 1153 PM GR 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year, IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS MIN 579 09 4298 1 M 2 N F YRS. 11/02/1912 Virginia 81 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number)
UNION MEMORIAL HOSPITAL 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH BALTIMORE CITY DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland _____ Baltimore 1 🕅 YES 2 🗌 NO permit. 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? use as the burial-transit 1217 W. Fayette Street 21223 U.S.A. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE - American Indian, Black, White, atc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: BY 3 🕅 Widowed 4 🔲 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) detached for College (1-4 or 5+) Dry Cleaners 6th Grade Clerk 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) 2 BE page 5 should notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4725 Pennington Avenue Hazel Winberry Baltimore, Maryland 21226 pe 20a. METHOD OF DISPOSITION
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must funeral director, Glen Haven Memorial Park 1/2/11 4 ☐ Donation 5 ☐ Other (Specify) _ Glen Burnie, Maryland examiner 21, SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. ours after death. ramirowski tonna filled in by the fution, or removal. 4001 Ritchie Hwy. Baltimore, Md. 21225 medical 23. PART I. Enter the diseases, as complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between **IMMEDIATE CAUSE (Final** and completely fille burial, cremation, the FRI LURE / ARREST disease or condition resulting in death) This DUE TO (OR AS A CONSEQUENCE OF) event, executed DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, 9 if any, leading to immediate the attending physician Mental Hygiene prior to certificate be cause. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL mall Cell Lung CA this certificate has been signed by it with the State Dept. of Health and rked, or Nem 23 shows any In AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO Malautretion 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) Inputient 2 - ER/Outputient 3 - DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending Investigation M 1 YES 2 NO BY After death 2 Accident DR ATTENDING 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be DIRECTOR: / 4 Homicide 28 The 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.

> SIBACIN Un'IV MO FAM MED Z9 S. PARA SIMOKE 32. REGISTRAR'S SIGNATURE Sindew Rubble

29c. LICENSE NUMBER

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29d. DATE SIGNED (Month, Day, Year)

12-10-93

8. BIRTHPLACE (State or Foreign Country)

YEAR

Texas

993

3. TIME OF DEATH

5:35

REG. NO

20c. LOCA

1. DECEDENT'S NAME (First, Middle 2. DATE OF DEATH DAY Gra ma ecomber/1 5. SEX 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. DAYS HOURS 1 M 2 F YRS. 252 38 0160 84 7-10-1909 use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Keswick Nurs Hm Baltimore RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland na Baltimore FUNERAL 10e, STREET AND NUMBER Keswick Nur Home 10f. ZIP CODE 700 W. 40th Street 21211 24 hours after death. Page 6 may be retained by the hospital or attending physician, 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes of If yes, specify Cuben, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married BY 1 YES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSIN (Specify only highest grade comjo Elementary/Secondary (0-12) College (1-4 or 5 +) page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sc notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, 2 5162 Evangine Way, Columbia Joel Cochrell 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must director, 1 Burisi 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE DE FUNERAL SERVICE LICENSEE Ronald examiner Wade, Dir 22. NAME AND ADDRESS OF FACILITY Tate A the funeral 655W.BaltimoreSt,Bal medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respira has been signed by the attending physician and completely filled in by Dept. of Health and Mental Hygiene prior to burial, cremation, or remo shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final event, the Alzheiner 1s disease or condition aux anos resulting in death) executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 Injury. PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24e, WAS AN AI MEDICAL 23 shows any 1 NES 2 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 25-PLACE OF DEATH (Check only one) Item certificate h OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 5 Residence 6 Other (Specify) 4 12/5 9 27. MANNER OF DEATH 28s. DATE OF INJURY 28c. INJURY AT WORK? this c 28b. TIME OF INJURY 28d, DESCRIBE HOW INJ is marked, 1 Natural 1 YES 2 NO After t BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and City or Town, State) 3 Suicide DIRECTOR: J hours after d Item 28 is COMPLETED 6 Could not be 4 Homicide TO THE FUNERAL DIRECT be filed within 72 hours a IMPORTANT: If Item 2 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and mann 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, dec occured at the time, data and place, and 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 표보를 · Thabelle Track Gre gris 13 D D13657

30. NAME AND ADDRESS OF PERSON WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

h Day

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MACGREGOR, KESWICK, 700 W. 40 % Street, Baltimore, MO 2121

FOR STATE REGISTRAR

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29d, DATE SIGNED (Month, Day, Year)

December 11, 1993

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	1. DECEDENT'S NAME (First, Middle, Last LTLL)		TSON 1/	15/.	MONTH		YEAR	OF OEATH
	4. SOCIAL SECURITY NUMBER		110	1/CMINS	12	04 199	70 1010	1 P
	110 - 1d 7 - 5	1 M 2 DF		FUNDER 1 YEAR IF UNDER 24 HRS INTHE DAYS HOURS MIN.	7. DATE (Day, Year)	Country)	State or Forel
	112-18-15-27				13.	1-1400 1	ppomal	lox L
	9a. FACILITY NAME (If not institution, give	ASHINGTON ST		BALTIMORE C		9c. COUNT	Y OF DEATH	
	PESIDENCE OF DECEDENT	ASHINGION SI.	KEEI	DALITIONE C	.111			
u I	10a. STATE 10b. COUN	тү	10c. CITY, T	OWN OR LOCATION			10d. INS	BIDE CITY
	MARULAN		DA	(limme)				AITS? ES 2 N
4	10s. STREET AND NUMBER		APT 9	/2 101. ZIP CODE		10g. CITIZE	N OF WHAT COL	UNTRY?
EB	201 North	washing To	in STREE	ot 2123	/	111	, S.A.	
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED	13. WAS DECENDENT OF HISP			4. RACE — Amer Black, White,	
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		If yes, specify Cuban, Mex		ican, atc.)	Specify:	# /-
80		1					DIACK	0
ш	15. DECEDENT'S ED (Specify only highest gra-		16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b.	KIND OF BUSINESS/INDUS	STRY	
٦	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT use re	swea.)				
COMPLET	17. FATHER'S NAME (First, Middle, Last)			- ALCOURDIO	100 m	liddle, Malden Surname)		
-	(11): 11: pm	Hunter		W. MOTHER'S	NAME (FIRST, M	5		
BE	190 INFORMANT'S NAME (Type/Print)	HUMIER	Top Mail and Ar	DRESS (Street and Number or Run	11119	2 CRUG		_
2	no William	Enphos	1001	1		/	. / -	100
	20a. METHOD OF DISPOSITION	70000	06. PLACE AND DATE OF		Or H		mc, 2,	
	1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		emetery cramatory or other		DATE	200 EOGRIFON — CII	ty or rown, state	
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	1 1111119	22. NAME AND ADDRESS OF	FACILITY	Noral Ho	mel.	
	Describe 1	(Russ		Joseph Willes	5 4 4	6-17	(1
_	23. PAIT I. Enter the disesses, or			JOSL WINO	110 140	18, BAIlim	ure, m	0.2,
- 1	IMMEDIATE CAUSE (Final disease or condition resulting in death)	· Arterios	clerotic Ca	amiovasqular	Disea	se	Or	nset and
RTIFICATION		bDUE TO (OR AS	CLETOTIC Co B A CONSEQUENCE OF): B A CONSEQUENCE OF):	ardiovascular	Disea	se	Or	nset and
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b DUE TO (OR AS c DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):					
- 11	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b DUE TO (OR AS c DUE TO (OR AS	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):			SE 24a. WAS AN AUTOPSY PERFORMEO?	24b. WERE AL	UTOPSY FI
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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the safe of the forest of the forest of the hospital or attending physician.

The first of the forest of the first of the safe TO THE SOVERAL DIRECTOR: After this commence of the State Degr. of Health and Mental Hygiene prior to vorine, vorine.

IN PERTURY: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner in the Traumatic event.

PHYSICIAN: MEDICAL CERTIFICATION

BE COMPLETED

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	FOR 1 - STATE REGISTRAR	STATE OF MA				HEALTH AND	MENTAL HYGIEN REG. NO.		3	36289	
	1. DECEDENT'S NAME (First, Middle, L	W. Ha	nis)			2. DATE OF DEATH MONTH DA	93	3. TI	THE OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-05-253.	5. SEX 8	AGE (In yrs. Ins		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTN (Month, Day, Year) 5 17-0	C	ountry)	E (State or Foreign	
DIRECTOR	PRESIDENCE OF DECEDEN	96. CITY, TOWN OR LOCATION OF DEATN Baltimore 9c. COUNTY OF DEATN									
	10a, STATE 10b, CO		10c, CITY	TOWN OR LOC		10d.	INSIDE CITY				
DIR	Maryland							1 👨	LIMITS? YES 2 NO		
AL	10e, STREET AND NUMBER				2	10f. ZIP CODE 10g.				, CITIZEN OF WHAT COUNTRY?	
FUNERAL	2502 Ellamont Street				21216				USA		
В	11. MARITAL STATUS 1 Never Merried 2 Merried 3 MWidowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				PRO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Blace						
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	(G	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)								
S .	17. FATHER'S NAME (First, Middle, Last	")				18. MOTNER'S NA	ME (First, Middle, Maiden	Surname)			
BE C	Unknown					Elizab	eth Willia	ms			
	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	t and Number or Rural	Route Number, City or Tow	n, State, Zip Cod	0)		
5	Kelvin D. McC	lelland					re., Balto,	MD	2121	5	
	20e. METNOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Removal from State 20b. PLA Other 1 Donation 5 Other (Specify)				orial F	emetery, crematory or		dallsto			
	21. SIGNATURE OF PONEMAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue						
	23. PART I. Enter the diseases, ahock, or heert feli IMMEDIATE CAUSE (Finei	or complications that ourse. List only one cause		D.	ot enter the i	node of dyling, suc	h es cerdisc or reep	ratory errest,		Approximate Interval Between Onset and Death	

disease or condition resulting in deeth) Sequentially list conditions, If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 24a. WAS AN AUTOPSY PERFORMED? PART II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA 1 | YES 2 | NO ne 5 🗆 Residence 6 🗆 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNEB-OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 4 Homicide

296. SIGNATURE AND TUTE OF CERTIFIER		29c_LICE
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DYalle engenner		//
The state of the s	V	0/

1366 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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29d. DATE SIGNED (Month, Day, Year,

BALTIMORE, MARYLAND 21215-0020	be retained by the hospital or attending physician.	age 5 should be detached for use as the burial-transit permit. Pages 1, 2,
BALTIMORE	ours after death. Page 6 may	in by the funeral director, par
OF VITAL RECORDS, P.O. BOX 68760,	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, with the State Dept, of Health and Mental Hydrene prior to burial, cremation, or removal.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH ROBERT LEE HOUCK 3. TIME OF DEATH YEAR 11:10 12 93 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH (Month, Day, Ybar) DAYS HOURS 212-88-1883 1 X M 2 F 24 March 8. 1969 Maryland should i 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR University Hospital Baltimore RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY TY YES 2 NO Md Baltimore FUNERAL 10s. STREET AND NUMBER 101, ZIP CDDE 10g. CITIZEN OF WHAT COUNTRY? 1829 W. Lombard St. 21223 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Mexican, Puerlo Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, P

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 Widowed 4 Divorced white COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INCUISTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 Unemployed must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Jack Lee Houck Shirley Temple Scott BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nettie J. Scott 1829 W. Lombard St., Baltimore, Md. 21223 20s. METHOD OF DISPOSITION

1 VBurlet 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE Cometery, cremetory or other place)
Loudon Park Cemetery 12/15 Baltimore. Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes 0 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest,

IMMEDIATE CAUSE (Tiest) or Item 23 shows any injury, or other traumatic event, the medical Approximate Interval Retween IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (DR AS A CONSEQUENCE OF): arrest 10 mwste PHYSICIAN: MEDICAL CERTIFICATION UNKNOWN Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING VIRUS as per DR Sipsin Human Immuno des CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS Hepatitis AMILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 - YES 2 00 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: me 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Netural
2 Accident TO THE FUNERAL DIRECTOR: After the be filed within 72 hours after death w IMPORTANT: If Item 28 is market BY 1 YES 2 NO HOSPITAL DR ATTENDING 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homleide 29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) MD 13 43 2 30. NAME AND CORRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) ST Bultimore MJ 21201 Greand 32. REGISTRAR'S SIGNATURE

in finder

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
	8
	HOSPITAL
	물
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last)				IOAIL	OF DE	*****	REG. NO 2. DATE OF DEATN			3. TIME OF OEATH	
George Wi	lliam Ho	ffman					Dec.08,	1993	YEAR	M	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDER 1 YE	EAR IF UND	DER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a. BIRTH	PLACE (State or Foreign	
218-26-9189 1 X M 2 D F 6:			YRS.	06/27/3			06/27/31		Mar	yland	
9s. FACILITY NAME (If not Institution, give a					WN OR LOCA		EATH		INTY OF DI		
36 Glenwood Aver	nue			Cator	nsvill	.e		Balt	imor	e	
MD 106. COUNT Balt	imore		10c. CIT	Y, TOWN OR LO	OCATION ISVIII	.e,		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ※ NO			
36 Glenwood Aver	36 Glenwood Avenue				101. ZIP CC 21	228	Service 1		S.A.	HAT COUNTRY?	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			RMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or If yee, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: NO				e or No—	No— 14. RACE — American Indian, Black, White, etc. Specify: White		
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 6	+)	Give kind of ve Do NOT us		ng most of wo		16b. KIND OF BU	SINESS/IN	DUSTRY		
12	- /	Bu	ildin	mg Mair	7		Newspa				
17. FATHER'S NAME (First, Middle, Last)		18, MG		AME (First, Middle, Melden							
Bernard B. Hoffn 190. INFORMANT'S NAME (Type/Print)	ian	1,4	DE MAILING	ADODERS (C)	mad and Min		Ces Thompson Pour Number, City or You		(n. Co. do.)		
Kathleen L. Hoff	man			enwood			Catonsvil			21228	
200. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSITIO		lue			City or Ton		
1 Buriet 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	Loud	on Pa	rk Cen	netery	7		Balti	imore	, Maryland	
21. SIGNATURE OF FUNERAL SERVICE LIK	C=	2-	Ps.	22. NAM 132	28 Sul	ness of fa phur	Spring Ro	Fune ad, A	eral M	Home	
23. PART I. Enter the diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one car	at caused the duse on each lin	Ma	A) Co-	2 bee	dying, suc	faction	ratory ar	reat,	Approximats interval Between Onset and Daath	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	С.	O (OR AS A CONSE			1,00		Julia pri	1		Digo	
PART II. Other significant conditions, contributing to death but not resulting in the underlying cause given in Part I. PART II. Other significant conditions, contributing to death but not resulting in the underlying cause given in Part I. PERFORMEO? 1 YES 2 NO 246. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO											
PERFORMEO? MARIABLE COMPLETED 1											
1 TES 2 THO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER: 4 Nursing	Home 5 🗆	Residence	6 Other (Specify)				
27. MANNER OF PEATH 1 Natural 5 Pending Investigation	26b. TIM INJ	JURY	C. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OC	CURED				
2 Accident 3 Suicide 4 Homicide 26. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 296. CERTIFIER (Check only one) 297. LOCATION (Street and Number or Richt) City or Town, State) 298. LOCATION (Street and Number or Richt) City or Town, State) 298. LOCATION (Street and Number or Richt) City or Town, State) 299. CERTIFIER (Check only one) 209. LOCATION (Street and Number or Richt) City or Town, State)								or or Rural R	oute Number,		
4 Homicide determined							to the cause(s) and ma time, date end place, er			end manner ee stated.	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buntal-transit permit. Pages 1, 2, 3 should be signed-within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

											HEG. NO.			
	1. DECEDENT'S NAME (First		UOI NITUEI								OF DEATH	Y Q 1	OO 3	3. TIME OF DEATH 5:15 PM M
	4. BOCIAL SECURITY NUMBER		HOLNIKEF	6. AGE (In yrs.	Inst histheless	IF UNDER	1 VEAD	IF UNDER	04 1400		OF BIRTH	0/1	-	HPLACE (State or Foreign
	234-46-808	37	1 🗆 M 2 📑 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	AUG	JST 6,	1932	Count	ry)
_	9a, FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH					DEATH			
TO	5220 EOUES	STRIAN	DRIVE			E	LDER	SBUR	G			C	ARRO	LL
DIRECTOR	MARYLAND	10b. COUNTY	ARROLL		10c. CIT	Y, TOWN (E)		SBUR	G					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10e. STREET AND NUMBER					101, ZIP CODE					10g. CITIZEN OF WH			WHAT COUNTRY?
	5220 EQUE:	STRIAN						2178			1			USA
BY FU	11. MARITAL STATUS 1 Never Married 2 X 3 Widowed 4 Divo		12. WAS OECEDEN FORCES? 1 IF YES, GIVE W	YES 2	NO If yes, specify Cuban, Mexican,				n, Puerto	n, Puerto Rican, etc.)			I. RACE — American Indian, Black, White, etc. Specify: WHITE	
ED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)				DECEDENT'S					16b	KIND OF BUS	INESS/IN	DUSTRY	
<u></u>					(Give kind of Itle. Do NOT u	work done se retired.)	during mo	ost of working	rg					
COMPLETED		2			PRESIDENT				C	HILDRE	N'S	FARM	NURSERY, INC	
हु ।	17. FATHER'S NAME (First, M	liddle, Last)			711		110	18. MOTI	HER'S NA	ME (First, I	Middle, Maiden	Sumame)		
BE	GILBERT				RIGG	S	- 1		CORA					HITE
2	19a. INFORMANT'S NAME (Type/Print)									ber, City or Town			
	MR KENNET		NIKER		5220	EQU	ESTR	IAN !	DRIV	E EL	DERSBU	RG,	MD 2	1784
	20a METHOD OF DISPOSIT 1 Burlel 2 Crematic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	cametery,	crematory or of TFIL	ther place)	SITION (N	ame of	1	2 - 10				own, State MARYLAND
	21. SIONATURE OF FUNERA	L SERVICE LIC	CENSEE					ND ADDRE						
	Scall M. Cettler						010	REIS	TERS	TOWN	ROAD	BALT	IMOR	E,MD 21215
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):													
EDICAL	PERFOI								24a. WAS AN PERFOR 1 YES 2	RMED? AMAILABLE PRIOR TO		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN: M														
3	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATN (Ch	eck only or	10)			
2	1							10 5 Re	eldence		1-1-1-1	1 112277		
						JURY M	W	JURY AT CORK? YES 2	□ NO	20d. DE	CRIBE NOW II	NJURY OC	CURED	
28e PLACE OF INJURY At home farm street factory office. 28t LOCATION (Court and Number of Buril Court							Route Number,							
COMPLETED	anal and		CIAN: To the best of											a) and manner as stated.
O BE C	298 SIGNATURE AND TITLE	C. (lustr	M	M. I).		29c, LICI	36	MBER 986		29d. DA	TE SIGNE	(Month, Day, Year)
	De horah	F PERSON WH	Acm 5	Trong	TEM 27) (7/01	Prints	N.	h	off	()	5+	Bal-	Lepino	ve MM
	31. DATE FILED (Month, Day,		1	UE SIGNATURE		-		7. /						
Ş	DEC 14	1993	Jahin Ba	inder for	whathe									OHMH-18 Rev 1/89

DIVISION OF VITAL RECO	UTENDING PHYSICIAN: The law require	 After this certificate has been significate beath with the State Dept. of Hea 	28 Is marked, or Item 23 shows	
OF V	PHYSICIA	this certif	irked, or	
DIVISION	OR ATTENDING	DESCROP: After	Am 28 Is ma	
(TO THE HOSPITAL		IMPOUTANT: 11	

	REGISTRAR		U	EHIIF	ICALE	IF DEA		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)	Hold	en					2. DATE OF DEATH DON'TH	Ϋ́ c	YEAR 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. I	ast birthday)	IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	, 1	8. BIRTHPLACE (State or Foreign Country)		
1 1	212-28-1144	1 ☑ M 2 □ F	73	YRS.	MONTHS DA	rs Hours	MIN.	7/31/20		Maryland		
	9s. FACILITY NAME (If not institution, give str				9b. CITY, TO	VN OR LOCAT	ION OF D		9c. COUN	NTY OF DEATH		
СТОВ	Pleasant Manor N	Mursing C	enter		Ba1t	imore						
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			T 40 - 00						10d. INSIDE CITY		
DIRE				10c. CI I	Y, TOWN OR L		~			LIMITS?		
1 1	Maryland 100. STREET AND NUMBER				A	101. ZIP CO		ity,Md.	tog. CITIZEN OF WHAT COUNTRY?			
FUNERAL	IO. STREET AND NOMBER	3618 8	st.Vic	tor	St.	ted States						
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1X				DECENDENT	14. RACE — American Indian, Black, White, atc.					
₽	1XXNever Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WA	R OR DATES			YES 2 NO				Specify: White		
ETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. C	DECEDENT'S	USUAL OCCU	PATION	dna	16b. KIND OF BU	SINESS/IND	USTRY		
4	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ì		work done during se retired.)		any					
I de	9th.Grade			Mac	hinis	t		Unkı	nown			
COMPL	17. FATHER'S NAME (First, Middle, Last)					16. MO	THER'S NA	ME (First, Middle, Malder	Surname)			
BE	Unknow	n		olde				Unknown				
0	tsa. INFORMANT'S NAME (Type/Print)							Route Number, City or Tov		773E1 a au		
-	Kelvin D. McCleli	Land						Balto.				
20a. METHOO OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cramatory or Company of Co							Cify or Town, Stata					
	MCBurial 2 Cremation 3 Removal from State 4 Donation 5 Depar (Specify) Crownxville, Vet, Cemt.12/13 Crownsville, Md.							sville,Md.				
	21. SIGNATURE OF TUNINAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Balto.Md. 21230											
\Box	McCully Funeral Home, 130 E. Fort Ave											
	23. PART i. Enter the disease, or contact the series of th	omplications that	ceueed the d	deeth. Do	not enter the	mode of d	ying, euc	h es cardiec or reep	iratory arr	reet, Approximate interval Between		
	IMMEDIATE CAUSE (Finei	•	_							Onset and Death		
	diseese or condition resulting in deeth)	l	Fre	ur	rom	2_				· 1 week.		
		OUE TO	OR AS A CONS	EOUENCE O	F):	1		1/00 11	7	· I week.		
8	Sequentially liet conditions,	OUE TO /	ATT A	EQUENCE O	93CC	vot 1	- C	Heart	vsc	or years		
CERTIFICATION	If eny, leeding to immediate cause. Enter UNDERLYING	502 10 (Den	1EN	TIA					4/SHE		
윤	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS A CONS	EOUENCE O	F):					1000		
토	resulting in death) LAST											
	PART II ON THE STATE OF THE STA		4									
DICAL	PART II. Other eignificant conditions	habeks		4 6		lying ceuse	given in	Part i. 24s. WAS AI PERFO		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO		
ă	4							1 🗆 YES	2 110	COMPLETION OF CAUSE OF DEATH?		
ME		"U/cer	(600	4		_		1 TYES 2 NO		
z												
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	6. PLACE OF	DEATH (C	heck only one)				
HYS	1 TYES 2 NO 27, MANNER OF DEATH	t Inpetient 2					Rasidenca	6 Other (Specify)		augre.		
품	1 Natural 5 Pending	26a. OATE OF I (Month, Da	y, Year)	26b. TIA	JURY	WORK?		26d. DESCHIBE HOW	INJURY OC	COMED		
BY	2 Accident Investigation	26a. PLACE OF	INTERV _ At	home form			□ NO	281 LOCATION (Street	and Number	r or Rural Route Number,		
	3 Suicide 6 Could not be determined	building, a	itc. (Specify)	ricering, raintin,	attest, factory,	Office		City or Town, State		or runal route number,		
<u> </u>	29a. CERTIFIER					·						
COMPLET	(Check only									ted. he cause(a) and menner as stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER	0				29c. LI	CENSE NU	MBER	29d. DAT	E SIGNED (Month, Day, Year)		
BE	Daltingo	en fo	MI	DPA		1	130	664	•	12/11/94		
유	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	E OF DEATH (I	TEM 27) (Type	s, Print)		/ /	7		- / 37 - / - /		
1	BC. VENERACION	JJR "	40 P	A 1	576 M	EMR	177	BLUD BA	-70 m	ロンノンレレ		
	DFC 1 4 1993	32. SEGISTRAI				·	•					
	11517 14 1993	Dering	unden-1	المعامية								

The state of the

1.	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG NO

_	NEGIOTAN		CENTI	FICATE C	L DEALH	RE	EG. NO.				
ì	1. DECEDENT'S NAME (First, Midgle, Last)	1, MA	REAR	et		2. DATE OF D	EATH DAY	YEAR 3. TIME OF DEATH AM			
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AG	E (In yrs. last birthday	F UNDER 1 YEA	R IF UNDER 24 HRS	7. DATE OF B	ВТН	8. BIRTHPLACE (State or Foreign			
	2/3-03-5/45	1 □ M 2y⊒√F	8/ YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day,	Year)	Country)			
- 3	9a. FACILITY NAME (If not institution, give atr		01	01 OUT V TOU			2-1912	Maryland			
œ		C. T. I. C. C. C. C. C. C. C. C. C. C. C. C. C.			9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH						
0	Good Samarita	in Hosp.		Bal	Balto. Balto.						
DIRECTOR	10a, STATE 10b, COUNTY		100 0	TY, TOWN OR LO	CATION						
=		, ,			CATION		10d. INSIDE CITY LIMITS?				
51	Md. Ball	.to		Balto				1 YES 2 NO			
*		A			10f. ZIP CODE	,		10g. CITIZEN OF WHAT COUNTRY?			
9	2807 Hillcrest	Hve.			2/23	4	u.	S.A.			
FUNERAL	11. MARITAL STATUS	IN U.S. ARMED S 2 NO	13. WAS	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — Americ Black, Whita, at							
1 Never Married 2 Married 1 Profices 1 Yes 2 MNO If yes, specify Cuban, Maxican, 1 Yes 2 MNO Specify:											
	15. OECEDENT'S EDUC (Specify only highest grade of		16a, OECEDENT	S USUAL OCCUP. I work done during use retired.)	ATION most of working	16b. KINE	OF BUSINESS/IND	JSTRY			
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)				Ra	x Co.				
₹ I			Open	ator		D0.	X CO.				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (First, Middle,	Maiden Surname)				
BE	Peter Evans				Mana	aret M	eice				
2	19a. INFORMANT'S NAME (Type/Print)				et and Number or Run	Il Route Number, Cit	ty or Town, State, Zip	Code)			
-	Lillian C DeHa	ven	280	3 Hill	crest A	ve.212	34				
	20a. METHOD OF DISPOSITION 1 © Burlal 2 Cremation 3 Remove		Db. PLACE AND DATE	OF DISPOSITION			20c. LOCATION — C	Hy or Town, State			
	4 Donation 5 Other (Specify)	vai from Stata	Parkwa Parkwa	other place)		12/1	1, R.11	a. Md.			
1	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	1 4 4 2 11 0	22 NAME	AND ADDRESS OF	EACH ITY		/			
- 1	A strake	200		Ha	ntley M	illen 1	Funeral	Home .Md.21234			
-	Jacobsk	Julian		75	27 Hanf	ond Rd	.Balto.	.Md.21234			
	23. PART I. Enter the disesses, or contained the service of the se	DUE TO (QR AS	each line.		PARC		or respiratory arm	Approximate Interval Between Onset and Daeth			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
윤	CAUSE (Disease or Injury	DHE TO (OR AS	A CONSEQUENCE	NE).							
ĒI	that initiated events resulting in death) LAST	our to tou vo	A CONSECUENCE I	er j.							
点	d.										
	PART II. Other aignificent conditions	contributing to death	but not reaulting	In the underly	Ing ceuse given i	n Part I. 24s.	WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
EDICAL							PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
						1'	YES 2 NO	OF DEATH?			
≥								1 TYES 2 NO			
A I	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Check only one)					
₹S		1 Inpatient 2 ER/Ou			ome 5 - Residence	6 Other (Spec	cify)				
ᇤᆘ	27. MANNER OF DEATN 1 Netural 5 Pending	(Month, Day, Yeer)		ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE	E HOW INJURY OCCU	JRED			
À	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO						
	3 Suicide 6 Could not be	28e. PLACE OF INJUI building, etc. (Sc	IY — At home, ferm, ecify)	street, factory, o	ffice	26f. LOCATION City or Tow	(Street and Number of	or Rural Route Number,			
COMPLETED	4 Homicide determined					,	.,,				
ו ב	29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my kno	wiedge, death occur	red at the time, d	ata and place, end de	is to the cause(s)	and manner as state.				
⋛∥								couse(a) and manner as stated.			
	29b. SIGNATURE AND TITLE OF SETTIFIER		_								
BE	NINGS //	11111			29c. LICENSE N	UMBEH	29d. DATE	SIGNEO (Month, Day, Year)			
၀	30. NAME AND ADDIESS OF PERSON WHO	COMPLETED CAMPS OF	EATH GTEN AD -	- Police	11/00	761		2-1017			
	CESAN G. G	AMSO	a pul) 34g	10 1366	act &	P. 1840	70-141			
	DEC 14 1993	32. REGISTRAR'S SIG	NATURE Law-Roads	عالم				447			

SEE 14 4330

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four ster death. Page 5 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO	E		
1. DECEDENT'S NAME (First, Middle, Leet)				2. DATE OF DEATH MONTH D	AY		TIME OF DEATN
EILEEN HAYNES					5 0	13	1210P M
		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNPL Country)	ACE (State or Foreign
075-24-0567 10 M2 XF	73 YRS. M	DATE DATE	MOOKS MIN.	Dec. 5, 1	920	Can:	ada
9s. FACILITY NAME (If not institution, give street and number)			R LOCATION OF D	EATN		TY OF DEA	
Anne Arundel Medical Cer	iter	Annapo	lis		Ann	e Ar	undel
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	10c. CITY. 1	TOWN OR LOCAT	ION			Lu	Od. INSIDE CITY
MD Anne Arundel				Annapol:	is		LIMITS?
10e. STREET AND NUMBER			ZIP CODE				AT COUNTRY?
2513 Tudo Court			2140	1		Cana	
11. MARITAL STATUS 12. WAS DECEDENT EVER II	NIC ORIGIN? (Specify Yes	or No.		- American Indian,			
1 Never Married 2 Married FORCES? 1 YES	If yes, spe	offy Cuban, Maxica	in, Puarto Rican, etc.)		Black, V	White, etc.	
3 Widowed 4 Divorced		1 1 123	2 NO Specif			Specify:	White
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S US	BUAL OCCUPATIO		16b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12) College (1-4 or 5+)	life. Do NOT use r	retired.)	a or working				
12	Housew:	ite		Hous	seho.	ld	
17. FATNER'S NAME (First, Middle, Last)				ME (First, Middle, Malden			
Frederick Ferguson Sprou	111		Anni	e Maud Lo	ough:	ren	
19a. INFORMANT'S NAME (Type/Print)				Route Number, City or Tow		Code)	
John Haynes	2513	Tudo C	ourt,	Annapoli:	s,MD	214	401
	netery, crematory or other		me of	DATE 20c. LO	CATION -	City or Town	o, State
4 Donation 5 Other (Specify) Ma	ryland v	Vetera			cown	svil	le, MD
21. SIGNATURE OF FUNERAL SERVICE LICENSEE			O C T T			D 3	
KIM. VINIS (CEMP				uneral Ho			
23. PART I. Enter the disesses, or complications that cause	d the death. Do not	enter the mo	da of dying, suc	h se cerdiac or reap	iretory srr	est,	2.1.4.0.1 Approximata
shock, or heart failure. List only one ceuse on e	ech lins.						Interval Batween
disease or condition Hild	2000						Onset and Death
	71 / 0 1	2/118					Onset and Death
resulting in death) s. Due To (or As A	CONSEQUENCE OF):	2 US	QL.				Onset and Death
DUE TO (OR AS A	CONSEQUENCE OF):	aly s	Brell	lune o	an	ear	Onset and Death
DUE TO (OR AS A	CONSEQUENCE OF):	all s	re-	Cunq o	Cau	car	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	A CONSEQUENCE OF):	lar r	PCell Pe-	Cung (Cau	cor	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	A CONSEQUENCE OF):	all s	re-	Cung o	Can	w	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury		all s	cell re-	lung	Can	cor	Onset and Death
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31. DADEC 14 1993

4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HR 1 M 2 XX DAYS 215-42-8972 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION O DIRECTOR Chesepeake Manor Nursing Home Arnold 10c. CITY, TOWN OR LOCATION Maryland Baltimore Baltimore FUNERAL 10a STREET AND NUMBER 101. ZIP CODE use as the burial-transit 10109 Tiperary Road 21234 hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 THO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HIS If yee, specify Cuben, Me BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Married BY 1 TES 2 YNO ₩ Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) ary/Secondary (0-12) College (1-4 or 5+) funeral director, page 5 should be detached for 12 IRS Clerk once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S William Bryan 8 notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or R 2 Alan H. Stocksdale 6717Hart ford Road E pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must Druid Ridge Cemetery conation 5 Other (Specify) Dennis Stephen Xenakis examiner 22. NAME AND ADDRESS OF M00640 6500 York Road and completely filled in by the oburial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine) disease or condition PNEUMONIA event, resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): Sequentially nat containing if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events prior to DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other significent conditions contributing to death but not resulting in the underlying cause giver PHYSICIAN: MEDICAL signed by the MEN shows any has be Dept. HOSPITAL OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL this certificate h with the State I HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 27. MANNER OF BEATH 28a. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 1 Attural 5 Pending 1 YES 2 NO BY After to 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide COMPLETED 8 Could not be DIRECTOR: 28 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and TO THE HOSPITAL OF THE FUNERAL DE FILE WITHIN 72 M IMPORTANT: If II 2 MEDICAL EXAMINER: On the beale of examination and/or investigation, in my opinion, death occurred at 296. SIGNAPURE AND TITLE OF CERTIFIER BE Stiftenide

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Surya Mundra 1600 Crain Highway Suite 106 Glen Burnie Maryla 今後是海拔為深雪海上

ELIZABETH HOUSE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

1 - FOR STATE REGISTRAR

2

1. DECEDENT'S NAME (First, Middle, Last)

ANNA

36296 93

REG NO

	2. DATE	OF DEATH			3. TIME OF DEATH					
	MONT	H DA	1993	YEAR	9:40P M					
s.		OF BIRTH h, Day, Year)	1000	8. BIRTH	IPLACE (State or Foreign					
	Janu	lary 12,	1898	Mary	/land					
DE		, , , , ,		NTY OF D						
	7		A	A	200					
					40.4 (1)(0)(0)(0)(1)(1)					
					10d, INSIDE CITY LIMITS? 1 YES 2X X NO					
			10g. CIT	IZEN OF Y	1 YES 2XX NO					
				USA						
		N? (Specify Yea	or No-	14. RACI	E — American Indian,					
rice: ec/fy		Rican, etc.)	Black, White, atc. Specify:							
		100			White					
	168	. KIND OF BUS	INESS/IN	DUSTRY						
		11.	0 0							
U S Government NAME (First, Middle, Melden Surneme)										
	Barbara Erdman rai Route Number, City or Town, State, Zip Code)									
ų,	altimore, Maryland 21234 DATE 20c. LOCATION — City or Town, State									
	12/11 Pikesville, Maryland									
Mitchell-Wiedefeld Home										
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		ore, Mar								
PUCI	i de Cali	uiec or respi	and y ar	rest,	Approximata interval Between					
					Onset and Death					
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in	Part I.	24a. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS					
		PERFOR	MED?		MAILABLE PRIOR TO COMPLETION OF CAUSE					
		1 TYES 2	⊔мо		OF DEATH?					
					1 TYES 2 NO					
(Chi	ck only o	ne)								
ce	6 🗆 Othe	er (Specify)								
1		SCRIBE HOW IF	JURY OC	CURED						
1	28f. LOC	CATION (Street a or Town, State)	nd Numbe	r or Rural i	Route Number,					
	uny	. rown, stelle)								
due	to the ca	use(a) and man	ner as sta	ted.						
					a) and manner as stated.					
NUM	IBER		29d. DAT	E SIGNED	(Month, Day, Year)					
,	27	26	•	12/9/						
		4		100/0/						
nd	2106	1								

	1. DECEDENT'S NAME (First, Middle, L	ast)	J. N.				2, DATE	OF DEATH	AY	YEAR	3. TIME OF DEAT	Н
	Myrtle Hatt						Dec	ember	10, 1	993	9:00	A
	4. SOCIAL SECURITY NUMBER 220-76-9152	1 □ M 2 🔀 F	6. AGE (In yrs. last	YRS. MOI	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	July	DE BIRTH	908	Mary	land	reign
TOR	90. FACILITY NAME (If not institution, of 1425 Rowe Drive Residence of Decement	9		9b		Burnie	EATH		Pc. COUNT		cundel	
DIRECTOR	10e. STATE 10b. CO				Eurni Eurni			112			10d. INSIDE CITY LIMITS? 1 YES 2 💆	
FUNERAL	1425 Rowe Drive	<u> </u>			101	21061		347			HAT COUNTRY? States	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N		If yes, sp	ENDENT OF HISPAI ecity Cuban, Maxica 2 NO Specifi	n, Puerto i		or No—	14. RACE Black Specif	- American India, white, atc.	in,
PLETED	15. DECEDENT'S (Specify only highest (Elementary/Secondary (0-12)		(Gi	CEDENT'S USU the kind of work Do NOT use re MENSAKE	IAL OCCUPATION done during motioned.)	ON asl of working		wn Ho		STRY		
BE COMPL	17. FATHER'S NAME (First, Middle, Last John E. Joyner					18. MOTHER'S NA Harie						
TO B	190. INFORMANT'S NAME (Type/Print) Gordon Hatt		191	1425 R	owe Dr	ive, Gle	n Bui	or City or Tow Cnie,	m, stete, zip (Maryl	and	21061	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO		OVENCE OF	Fai	Den	0				Onset sno	7
H		d					Part I	24a, WAS AN		1 000	WERE AUTOPSY FI	TO
MEDICAL	PART II. Other algnificant cond	Itions contributing to	death but not n	esulting in t	hs undsrlyln	g cause given in	_	PERFOI	RMED?	240.	AMAILABLE PRIOR COMPLETION OF (OF DEATH? 1 YES 2	
اب		OPA		O	26. PL	g cause given in	eck only on	PERFOI 1 VES 2	RMED?	240.	AVAILABLE PRIOR COMPLETION OF O OF DEATH?	
MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO -27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, Da	ER/Outpetient 3	O	26. PL THER: Nursing Hom F 28c. INJ W0	LACE OF DEATH (Ch	eck only on	PERFOI 1 VES 2	RMED?		AVAILABLE PRIOR COMPLETION OF O OF DEATH?	
ED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Notural 5 Pending	HOSPITAL: 1 Inpatient 2 28e. DATE OF (Month, De building, of build	ER/Outpetient 3	DOA 4 26b. TIME OI INJURY	26. PL THER: Nursing Hom F 28c. INJ WO 1	LACE OF DEATH (Chine & M Residence IURY AT PES 2 NO	8 Othe	PERFOI 1 VES :	RMED?	JRED	AMAILABLE PRIOR COMPLETION OF	
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		FOR
1	-	STATE
•		REGISTRAF

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (FIS Madelin O.									2. DATE MONT	OF DEATH	NY.	YEAR	3. TIME OF DEATH
	4. SOCIAL BECURITY NUM		5. SEX	6. AGE (In yrs. I	ast hirthday)	IF UNDER 1	VEAR	IE IMPE	R 24 HRS.	7 DATE	OF BIRTH	7	93	LACE (State or Foreign
	189-22-7848	}	1 M 2 F	64	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	h, Day, Year)		Country)	
	9a. FACILITY NAME (If not i		atreet and number)			9b. CITY,	TOWN	OR LOCAT	ION OF DI		29/29	9c. COUR	TO .	ATH
CTOR	Stella Mari	s Hos	pice			Tows	son					Bal	timon	ce
REC	10a. STATE	10b. COUN	TY		10c. CI1	TY, TOWN OF	LOCA	ATION						10d. INSIDE CITY
٥	Maryland		Baltimore			Ro	sed	lale						LIMITS?
RAL	100. BTREET AND NUMBER						10	OI. ZIP COD	€ 237				USA	HAT COUNTRY?
FUNERAL	11. MARITAL STATUS	ru nu.	12. WAS DECEDE	NT EVER IN U.S.	ARMED	13. W	AS DE			NIC ORIGIN	Y? (Specify Yes			- American Indian,
ВУ	1 Never Married 2X			1 YES 2 WAR OR DATES	NO ON	If.	yes, sp	pecify Cubi S 2)(XNO	nn, Mexica	an, Puerto	Rican, atc.)		Black, Specify	White, etc.
ETED	15, DEI (Specify on	CEDENT'S ED	UCATION de completed)	16a, (Give kind of	Work done done retired.)	CUPATI	ION lost of worki	ing	16b	KIND OF BUS	SINESS/IND	USTRY	
PLE	Elementary/Secondary ((0-12)	College (1-4 or 5	+)							Homomy	مادغ مم		
COMPL	17. FATHER'S NAME (First, II	Middle, Last)			louse	wile		18. MOT	HER'S NA	ME (First,	Homema Middle, Melden			
BE C	E. Benjami	n Steh	ily					Ma	adal	in Yo	oung			
TO E	Mr. Ted Ho.		ler, Jr.								ore, Mi			
	20e. METHOD OF DISPOSIT	on 3 Rei	movel from State	cemetery, c	remetory or o	or DISPOSIT			terv	12-	20c. LO	CATION —		
	21. SIGNATURE OF FUNERA	AL SERVICE L	JCENSEE			22. N	AME A	ND ADORE	SS OF FA	CILITY HC	nme	04202	.mor c	, 110.
	Jason	ho?	Frence	6 Hon	34						altimor	re, M	d. 2	1236
	ahock, or h IMMEDIATE CAUSE (FI disease or condition resulting in death)			arcinom	a	DF):								Interval Batween Onset and Death
TION	Sequentially list condi if any, leading to imme	diste	b	O (OR AS A CONS	EOUENCE C	PF):								
CERTIFICATION	cause. Enter UNDERLY CAUSE (Disease or Inj that initiated events resulting in death) LAS	ury	c. DUE TO	OR AS A CONS	EOUENCE C	PF):								
CER	resulting in destily LA	" [d											
-	PART II. Other algnific	ent condition	ona contributing to	deeth but not	resulting	In the unc	lerlyin	ng cause	given in	Part I.	24a. WAS AN PERFOR	AUTOPSY		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
MEDICAL											1 TES 2	□ NO		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED	TO MEDICAL					26. P	PLACE OF E	DEATH (Ch	neck only or	ne)			
SIC	1 YES 2 NO		HOSPITAL: 1 Inpatient 2	☐ ER/Outpatient	3 🗆 DOA	OTHER 4 Nursi	: ng Hor	me 5 🗆 R	aeldence	6 Sy-Othe	er (Specify)	lospi	ce	
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation		F INJURY Day, Year)	28b. Till IN	ME OF STURY	W	JURY AT ORK? YES 2 [] NO	28d. DE	SCRIBE HOW I	NJURY OCC	CURED	
ED	a District	Could not be determined	28e. PLACE (building	OF INJURY — At I	home, farm,	street, facto	ry, offic	lce			ATION (Street e or Town, State)	and Number	or Rural Ro	oute Number,
COMPLET	one) —		SICIAN: To the best of											and manner as stated.
E CC	2 b. SIGNATURE AND TITL						_		ENSE NU					Month, Day, Year)
10 01	Mondal	RE	trul	Quei	M	0			D	2564	3	> 18		/93
		R. Fat	ılkner, M	.D., 23	00 Du		, ,	Valle	y Ro	oad,	Towson	, Mai	rylar	nd 21204
	DEC 14	1993	32/REGISTA	AR'S SIGNATURE	wit	1,15								

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	REGISTRAR			RTIFICATE OF		REG. NO.		
	1. DECEDENT'S NAME (First, Middle Darrin	lie, Lest)				2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEA
	(Darren)	L	Jol	nson		12 10		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last b		IF UNDER 24 HRS.	7. DATE OF BIRTH (Morth, Det Year)	8. 6	BIRTHPLACE (State or F
	216-82-6521	1 🖾 M 2 🗆 F	25	YRS. MONTHS DAYS	HOURS MIN.	8-19-196		Country) MD
	9a. FACILITY NAME (If not institution			9b. CITY, TOWN	OR LOCATION OF DI		9c. COUNTY	
DIRECTOR	1800 block N	N. Fulton	Avenue		imore			
2		COUNTY		10c. CITY, TOWN OR LOCA	ATION			10d. INSIDE CIT
뜻	MD			BALTO				LIMITS?
1	10s. STREET AND NUMBER				H. ZIP CODE		40- CITIZEN	OF WHAT COUNTRY?
R	330 N ALLE	ENDALE ST	1		21229	177		S. A
N.	11. MARITAL STATUS					1971		
BY FUNERAL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. ARME 1 YES 2 NO E WAR OR DATES	If yes, s		NIC ORIGIN? (Specify Yes in, Puerlo Rican, etc.) y:		RACE — American Ind Black, Whita, atc. SpecifyBLACK
	15. DECEDEN	IT'S EDUCATION est grade completed)	18a. DECE	DENT'S USUAL OCCUPAT	ION	16b. KIND OF BUS	SINESS/INDUST	RY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or	Ma Dr	kind of work done during m o NOT use retired.)	ost or working			
7	9тн							
0	17. FATHER'S NAME (First, Middle,	Last)			18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
	LEWIS JOHN						ORRES	מתרס
BE	19a. INFORMANT'S NAME (Type/Pri		1 451 -	VAN NIC ADDRESS (C.				
2	and the second of the second o			MAILING ADDRESS (Street				
		JOHNSON		O ALLEND				
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	4 Donation 6 Other (Spec		Cedar	tory or other place) Cel	metery	15% Ann	ne Aru	indel Co
	21. SIGNATURE OF FUNERAL SER	TVICE LICENSEE	1		NO ADDRESS OF FA	CILITY		
	· W. hi	L'a b	1.50.1	MAD	711 P/II I	MECH 4300	67 7 D 7	CH AME
		WO C	PUM			WEST 4300		
	23. PART I. Enter the diseas	sea, or complications ti failure. List only one c	hat caused the deat	h. Do not enter the m	oda of dying, suc	h as cardiac or respi	ratory arreat,	
	allock, of fidelt i	remure. Liet only one c	ause on sach line.					interval E
	IMMEDIATE CAUSE (Final	^	A . 1 ~			4		Onset an
	IMMEDIATE CAUSE (Final disease or condition	n	Nult Pi	be bunel	at h	mark		
		e. Due 1	Nu It PI	le Gunst	et u	byrds		
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		TIE GIOTTO III				OLITTI	IOAI	- 0	DLAI	11		TEG. NO.			
		1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF	DEATH		YEAR	3. TIME OF DEATH
,		William N.	Jordan	1							Dece				8:46 P.M. M
		4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In y	rrs. last birthday		ER 1 YEAR			7. DATE OF	BIRTH	* 1	a. BIRTHP	LACE (State or Foreign
	3	216-16-91	56	1 🔀 M 2 🗌 F		71 YRS.	MONTHS	DAYS	HOURS	MIN.	OCt !		922	Country)	arvland
3 should		9a. FACILITY NAME (If not in:	stitution, give s	treet and number)			9b. CI	TY, TOWN	OR LOCATIO	N OF DE		7. ±		NTY OF DE	
23	8	VAMC					I	BAL	TIMOR	E			2.100		
£.	DIRECTOR	RESIDENCE OF DEC													
2006	8	MD	10b. COUNT	Y		310	ITY, TOWN								10d, INSIDE CITY LIMITS?
#							altin	nore							1 X YES 2 NO
physician. burial-transit permit. Pages 1,	FUNERAL	10e. STREET AND NUMBER		24				1	IOF. ZIP CODE				10g. CIT	ZEN OF WI	HAT COUNTRY?
in.	9	3630 Dolf:	ield						21	215				Ţ	JSA
physician. burial-trar	5	11. MARITAL STATUS 1 Never Married 2 [X]	Mamlad	12. WAS DECEDEN FORCES?			13	If yes,	ECENDENT OF	F HISPAN	IC ORIGIN? (S	Specify Yes	or No-	14. RACE Black,	American Indian, White, etc.
	Æ	3 Widowed 4 Divo		IF YES, GIVE					ES 2 NO			.,,		Specify	
or attending p	ED I	15 DEC	EDENT'S EDU	CATION	1 40	Ba. DECEDENT	10 1101141	0001101			T 401 MI				Black
or after		(Specify only	highest grade	completed)	-	(Give kind o	f work don	e during r	most of working	9	100. KJ	ND OF BUS	HNESS/INL	JUSTHY	
the hospital of detached for once.	COMPLET	High School	-	College (1-4 or 5	+)										
the hospital detached fo once.	N N	17. FATHER'S NAME (First, MI				Ь	<u>aint</u>	er		ED'O MAI	ME (First, Midd			rnme	nt
		William Jo											Sumame)		
	BE	19a, INFORMANT'S NAME (%		-		10b MARIN	IC ADDRE	ee /0	t and Number		y Wyn		Ones W	0.41	
	임	Evelyn Jos													MD 21215
ay be		20a. METHOD OF DISPOSITI			20h BI	ACE AND DAT				Ave	OATE			OIE,	MD 21215
eath. Page 6 may be funeral director, page xaminer must be		1 Buriel 2 Crematio		ovel from State		ry, crematory o			reame or		DATE	200. 200	AIION —	City or low	n, state
Page I dire		21. SIGNATURE OF FUNERAL	L SERVICE LIN	ÇENSEE		_	2:	2. NAME	AND ADDRES	S OF FAC	CILITY No.	ttor	Func	wal 1	Homes, Inc.
death. Page funeral dire f. examiner n		Kevy	- K	rker	/		2	501	Gwynn	s Fa	alls P	arkwa	rune	tal i	nones, me.
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ours after d in by the or removal		23. PART I. Enter the di ahock, or he	seeses, or e eart failure.	complications the List only one cer	it caused thuse on each	he death. Do h line.	not ent	er the n	node of dyle	ng, suci	n as cardiac	or respli	ratory an	rest,	Approximata interval Between
	Ì	IMMEDIATE CAUSE (Fin	ini	Ο,											Onset and Death
2 × 2 =		disease or condition resulting in death)	→	a. VI MON	nory	Embo	lus								! 4
e be executed within sician and completely brior to burial, cremat traumatic event,				DUE TO	(OR AS X CO	ONSEQUENCE	OF):								
and com o burial, natic ev	No.	Sequentially list conditi	ona.	b. Chrenic	ally !	sedne	der								
ysician a prior to traum	Ě	if any, leading to immed cause. Entar UNDERLYI	alete I				OF):								
dificate be physician prior to other traur	길	CAUSE (Disease or inju	ry 🕇	a Cashi	C Cev	ONSEQUENCE	OED.								+
1000	Ē	that initiated events resulting in death) LAS	т	DOE 10	(ON AS A CC	JNSEOVENCE	OF):								İ
	CERTIFICATION		-	d				_							+
Injury.	_	PART II. Other significa	nt condition	na contributing to	death but	not resulting	in the	underlyi	ing cause g	iven in	Part I. 24	a. WAS AN			WERE AUTOPSY FINDINGS
a a	DICAL	Alzheiner	12 /76	merks								PERFOR			MAILABLE PRIOR TO COMPLETION OF CAUSE
sign Sign Heal	ш										_ '		8		OF DEATH?
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires THE FUNERAL DIRECTOR: After this certificate has been sign filed within 72 hours after death with the State Dept. of Heal PORTANT: It Item 28 is marked, or Item 23 shows.	2										_				
he far b has e Der	X	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26.	PLACE OF OR	EATH (Che	ock only one)				
ClAN: The ritificate he State I	PHYSICIAN:	1 YES 20 NO		HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTH		ome 5 🗆 Res	sidence	8 Other (S	pecify)			
PHYSICI this cert with the	Ě	27. MANNER OF DEATH		28e. DATE Of (Month, E			IME OF		NJURY AT		28d. OESCR	BE HOW I	NJURY OC	CURED	
NG PHYS fter this c eath with marked	ВУ Б		Pending Investigation	[Moran, E	y, roury		M		YES 2	NO					
NDING F R: After r: death	0	2 Cutalda —	Could not be	28e. PLACE (OF INJURY —, etc. (Specify)	At home, farm	, street, fo	ctory, of	lice		28f. LOCATIO	ON (Street e	nd Number	or Rural Ro	ute Number,
L OR ATTENDING F DIRECTOR: After I hours after death Item 28 Is mar	ETE	4 Homicide	determined								ony or r	own, orane,			
DIRECTOR A	2	29e. CERTIFIER 1 CERT	IFYING PHYSI	ICIAN: To the bast of	f my knowledg	ge, death occu	rred at the	time, de	ite and place,	and due	to the cause(s) and man	ner as sta	led.	
HOSPITAL FUNERAL WITHIN 72 I	COMPL														end manner se stated.
TAN HE	- 11	296. SIGNATURE AND TITLE							29c, LICE			Т			Month, Day, Year)
TO THE HOSPITO TO THE FUNERA De filed within 7	BE	1(l.	· M	D							170		•	12/9	193
는 도 및 로	2	30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAU	SE OF DEATH	f (ITEM 27) (7/	oe, Print)		1					- 1	1,7
10 1		. 0	in	Univ a				red	ical	Sys	ten				
XX		31. DATE FILEO (Month, Day,	Year)	32. REGISTRA	AR'S SIGNATI	IDE									
V		DEG/91/4 1993	3 7	The Sande	where										

BALTIMORE, MARYLAND 21215-0020

P. BOX 68760,

DIVISION OF VITAL RECORDS

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DAVIE (DV.

31. DATE FILED (Month, Day, Year)

DEC 14 1993

	1. DECEDENT'S NAME (First, Middle, Leat) HELENE	N.		JOHN	SON			2. DATE	-		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		IF UNDER	1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BUILTH			CE (State or Foreign
	214-44-4367	1 🗆 M 2 🌁 F	50	YRS.	MONTHS	DAYS	HOURS MM.	72/	12/1943	3 3	Country)	and
	9a. FACILITY NAME (If not institution, give	street and number)	30		9b. CITY,	TOWN C	R LOCATION OF E	-		_	Y OF DEAT	
DIRECTOR	THE JOHNS HOPKIN	S HOSPIT	AL		BALT	OMI	RE CITY					9
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN O	A LOCAT	TON	_			100	I. INSIDE CITY
	Maryland Balt	imore		Mid	idle		ZIP CODE			40 - 017170		LIMITS? YES 2 NO COUNTRY?
FUNERAL	9902 Hacker Ave				- (2)	2	21220		3100	U. S	3. A.	COUNTRY
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI 1 YES 2 TO MAR OR DATES		- 11	yes, spi	ENDENT OF HISPA belty Cuban, Maxk 2 NO Spec	en, Puerto		or No— 1	Specify:	American Indian, hita, stc.
	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	(0	live kind of	USUAL OC	CUPATIO	ON st of working	16	b. KIND OF BUS	INESS/INDU		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Do NOT u	se retired.)				17			
N O	17. FATHER'S NAME (First, Middle, Last)			nsie	lite		18. MOTHER'S N		Middle, Meiden S	Sumame)		
BE C	Ben Insley						Marvla	nd V	irginia	Brad	shaw	
10 B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	nd Number or Rura					
٦	Paul Johnson			9902	Hack	er	venue	Midd				d2 27220
	20e. METHOD OF DISPOSITION Surface 2 Cremetion 3 Res	moval from State	20b. PLACE cemetery, cri	ematory or o	ther place!			DA		CATION — CI		
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	Michi	21/1	Total	2nl							Mary!	and 2122
	23. PART I. Enter the diseases, or shock, or heart fallure	complications the	at capsed the d	eath. Do	not enter	the mo	da of dying, su	ch as car	diec or respir	ratory arrec	et,	Approximete
	IMMEDIATE CAUSE (Final	List billy one ca	use/our such im	•								Interval Batwee Onset and Dea
	disease or condition resulting in death)	. 100	Ktmi (1								15 month
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CERTIFICATION	that initiated events resulting in death) LAST		(OII NO II OOIIOE	GOLHOL O	. ,.							
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CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DEATH (C	Check only o	one)			
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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1. DECEDENT'S NAME (First, Middle, Leat) 2. DATE OF DEATH MONTH 12 KAHLER LOLA 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYE 1 M 2 XF 92 214-50-3101 3-16-01 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR WOODLAWN TRINITY GERIATRIC CENTER 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION BALTIMORE CATONSVILLE MARYLAND permit. 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE use as the bunial-transit 21228 229 N. BEAUMONT AVENUE hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S, ARMED FORCES? 1 YES 2 WO 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY 1 TYES 2 NO Specify: 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 18b. KIND OF BUSINESS/INDUSTRY intery/Secondary (0-12) College (1-4 or 5+) detached for OWN HOME 7 HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Meiden Sumame) Page 6 may be retained by the DORA GEORGE FOREMAN BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 229 N. BEAUMONT AVENUE CATONSVILLE MARYLAND 21228 LORRAINE MORRIS (DAUGHTER) 9 20s. METHOD OF DISPOSITION
1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State must ETRO CREMATORY 4 Donation 5 Other (Specify) 12-14-93 CATONSVILLE, MARYLAND 21. SIGNATURE OF FUNERAL BERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY ours after death. LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES Eusealach completely filled in by the rial, cremation, or removal. 1630 EDMONDSON AVENUE CATONSVILLE. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart failure. List only one cause on sech line. IMMEDIATE CAUSE (Final disease or condition resulting in death) event, DIVISION OF VITAL RECORDS, P.O. BOX 68760, and control traumatic CERTIFICATION Sequentially list conditions, 2 If any, leading to immediate cause. Enter UNDERLYING attending physician rtal Hygiene prior to the death certificate be CAUSE (Disease or Injury thet initiated events resulting in death) LAST 0 the after Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL signed by the апу 1 TES 2 NO shows t. of h has b. Dept. PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate I Item HOSPITAL: OTHER: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Nome 5 Residence 6 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE NOW INJURY OCCURED this c marked. Natural Accident 5 Pending 1 YES 2 NO BY After 1 Investigation 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined 69 ETED L DIRECTOR: / 4 Homicide 28 Item 29a. CERTIFIER THE PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, and due to the cause(a) and manner as stated. COMPL HOSPITAL FUNERAL within 72 h = TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If 2 Minimal. EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER

30. NAME AND ADDRESS/OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM/27) (Type, Print)

Dobu cruo 32. REGISTRAR'S SIGNATUR sucun

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

FOR STATE REGISTRAR

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31. DAYS FILED (Month, De

1 4 1993

281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNED (Month, Day, Year) DHMH-18 Rev 1/89

93 36302

3. TIME OF DEATH

4:35

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

Specify: WHITE

1 TYES 2 NO

MARYLAND

Onset and Deeth

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE

1 ☐ YES 2 ☐ NO

OF DEATH?

MARYLAND

8. BIRTNPLACE (State or Foreign

P . M

93

9c. COUNTY OF DEATH

BALTTMORE

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

REG. NO.

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VISION OF VITAL RECORDS, P.O. BOX 68760,	MINISTER AND THE ITEM representations that the death restitioned he securited with
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1 - STATE REGISTRAR

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1. DECEDENT'S NAME (First, Middle, Lest)

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DIRECT	Maryland	18b. COUNT	Arundel			y, town o							0d. INSIDE C LIMITS?
FUNERAL	100. STREET AND NUMBER 422 Seclude		t Circle,	Apt. (3			21060				ted St	
BY FUN	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Dis	11	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED INO	1	If yes, spi		Mexican,	ORIGIN? (Spec Puerto Rican, et		14. RACE - Black, Specify:	American I White, etc. Vhite
PLETED		CEDENT'S EDI nly highest grad (0-12)		•)	DECEDENT'S (Give kind of ville, Do NOT us DMEMA k	work done o se retired.)	CCUPATIO during mo	ON ost of working		Own H	ome		
E COMPL	17. FATHER'S NAME (First, Frank Mews		+137.11						er's NAME	(First, Middle, M	leiden Surname)		
TO BE	199. INFORMANT'S NAME Ralph E. I		, Sr.								or Town, State, Zi		21060 Burnie
	20a. METHOD OF DISPOSI 1 Durial 2 Cremet 4 Donation 5 Oth	tion 3 🗌 Ret	moval from State	cemetery, o	EAND DATE	ther place)			m. 1:		Crown		
	21. SIGNATURE OF FUNER	AL SERVICE L	INENSEE	2		22.1 Ki	NAME AN	ey-Ru	ddic	k Funer	al Hom Glen B	e	
ICATION	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially list cond if any, leading to imm cause. Enter UNDERLE	itiona, ediate	Due to Due to Rena	OTAL (OR AS A CONS (OR AS A CONS (OR AS A CONS	EOUENCE O	f):	the mo	de of dyln	g, such a	es cardisc or			Approx Interva Onset
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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3. TIME OF DEATH

12:54 PM

2. DATE OF DEATH DAY 12 12

BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	
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YLA	by the	
MAR	retained	
RE,	may be	
IMC	Page 6	
ALT	death.	•
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	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	to the control on ATENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FLINETAL CHELTOR: After this certificate has been signed by the attending physician and completely filled in by the for the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	93	3

	1. DECEDENT'S NAME (Firs	t, Middle, Last)								2. DATE OF DEATH MONTH	DAY	YEAR	3. TIME OF DEATN
	EDWAR			KANE						DEC. 8		993	10:05 A
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In	yrs. leet bin	MOI	UNDER 1	YEAR DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTN Country	PLACE (State or Foreign
	204-01-9793		1 🖄 M 2 🗆 F	79		YRS.				June 25 1		P	
œ	9a. FACILITY NAME (# not i		street and number)			96			OR LOCATION OF DI		9c. COL	INTY OF DI	EATN
DIRECTOR	5004 Ardmon	e Way						Ba1	Ltimore (City			
EC	10a. STATE	106. COUNT	Υ		10	Do. CITY, TO	RO MWC	LOCAT	TION				10d. INSIDE CITY
	Maryland							Ba]	ltimore (City			LIMITS?
AL	100. STREET AND NUMBER							_	ZIP CODE		10g. CIT	IZEN OF W	HAT COUNTRY?
FUNERAL	5004 Ardmor	e Way							21206			USA	
5	11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDED	NT EVER IN	U.S. ARMEE)				NIC ORIGIN? (Specify Youn, Puerto Rican, etc.)	e or No—	14. RACE Block	- American Indian, White, stc.
BY	3 Widowed 4 Div	•	IF YES, GIVE Y	WAR OR DAT	res		1 [YES	XX NO Specif	y:		Specif	
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필	12 years		l year		Ma	chini	ist			Bethleh	em St	ceel	Corp.
COMPLETED	17. FATHER'S NAME (First, A	Aiddle, Last)							The second second	ME (First, Middle, Maide			
BE (Thomas J. k								Dessa	M. Etter	91		
TOE	19a, INFORMANT'S NAME (Route Number, City or To			1000
	Mrs. Mae E.									timore, ma			1206
	20a. METNOD OF DISPOSI 1 Burtel 2 Cremati		novel from State	cemei	PLACE AND tery, cremeto	ory or other	n/ace1				OCATION -	,	
	4 Donation 5 Other		CENSEE	- I Mc	orela	nd Me			DK. Cer	n. 12-11-9	3 Ba.	Ltimo	re, Md.
	0		Querra		Jan &				hn Fune				
	23. PART 1. Enter that			-0 /						Rd. Balto.			36
CERTIFICATION	disease or condition resulting in death) a. Congestive heart failure Due To (or as a consequence of): b. Due To (or as a consequence of): cause. Enter UNDERLYING CAUSE (Disease or injury that followed as a consequence of): Due To (or as a consequence of):												
SERTIF	that initiated eventa resulting in death) LAS	т	d	OH AS A	CONSEQUE	NCE OF):							
	PART II. Other signific	ant condition	na contributing to	death bu	t not reau	ilting in ti	he unde	rlyln	g cause given in	Part I. 24s. WAS A	N AUTOPSY	24b.	WERE AUTOPSY FINDS
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PHYSICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			0	THER:	26. PI	ACE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 NO		1 Inpatient 2			DOA 4	Nursin	_		6 Other (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE Of (Month, E	Day, Year)		Bb. TIME OF	м	1 🔲	URY AT PRK? YES 2 NO	28d. DESCRIBE NOW	INJURY O	CURED	
	3 Suicide g	Could not be determined	28a. PLACE (building,	OF INJURY - , etc. (Specif	At home,	form, stree	it, factor	y, offic		251, LOCATION (Street City or Town, State		er or Runal A	oute Number,
COMPLET	ana)									to the cause(s) and m			and manner as state
TO BE C	296. SIGNATURE AND TITL	asi	ter	KS					29c. LICENSE NUI	MBER	29d, DA	TE SIGNED	(Month, Day, Year)
-	30. NAME AND ADDRESS O								. 14	44 01007	/600	7004	,
	Dr. Bruce	Higint	othom M	led1ca	AL Ar	ts. b	тад	. b	salto., N	1d. 21237	(082-	1294)
	31. DATE FILED (Month, Day, DEC 1	4 1993	32. projection	AR'S SIGNA	WAN	we				5			
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HI I WALL DO NOT THE REAL PROPERTY.

93 36305 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

		FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTI	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	93	36305
	100	1. DECEDENT'S NAME (First, Middle, Last)	Lomax		2. DATE OF DEATH MONTH DAY	- 9°3	3. TIME OF DEATH
무		4. SOCIAL RECURITY NUMBER 166-34-9359	1 M 2 F YRS.	F UNDER 1 YEAR F UNDER 24 HRS. DNTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 7-3-/90	B. BIRTHI Country	PLACE (State or Foreign) (91)14
1, 2, 3 should	TOR	86. FACILITY NAME (If not institution, give str 2009 N, W RESIDENCE OF DECEDENT	life 57	BALTIMORE	City	ec. COUNTY OF DE	АТН
Pages	DIRECTOR	THE STATE 106. COUNTY	Sec CITY,	Altemore		- 24	10d. INSIDE CITY LIMITST
an. ransit permit.	FUNERAL	2009 N. WO	He st	2/2/3	3	Ur S,	A.
-0020 fing physician. the burial-transit	BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	16. WAS DECEDENT EVER OF U.S. ANMED FORCES? 1 YES 2 NO IF YES, GIVE WAR ON DATES	13. WAS DECEMBENT OF HISPA If yee, specify Cuben, Mexico 1 YES 2 440 Specify	en, Puerto Rican, etc.)	No- 14. RACE Black	- American Indian, White, etc.
21215-0020 tal or attending physic for use as the burial	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Decondary (0-12)		k done during most of working	166. KIND OF BUSIN	EBS/INDUSTRY	
of the hospital be detached for all once.		17. FATHER'S NAME (FINC MICHAL LAUT)	Pariall Homes	DAY CO	MAE (First, Michael, Maidan Su	mame)	
MAR retained 5 should notified	TO BE	196, RIFORMANT'S HAME (Type-Print)	entitled Dog	DORESS (Street and Municipe or Page)	Pourse planting City or Young.	-	12/2/3
		20s. METHOD OF DISPOSITION 1 52 Surfact 2 Committee 3 Permo 4 Densition 5 Other (Specify)	SON PLACE AND DATE OF CHARLES COMMENTED COMMENTS		DATE 200 LOCK	CTION - City or Toy	en, fitate
ALTIN death. Pag funeral dir		21. SIGNATURE OF FUNERAL SERVICE LICE	Pinn	22. HAME AND ADDRESS OF E		RAIL C	me mossis
A hours aft falled in by ion, or remo		23 BART I. Enter the disease, or cahock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused the death. Do not let only one cause on each line. CONGESTIVE HEAD		th as cardiac or respira	tory arreat,	Approximate interval Between Onset and Death
8 6 7 6	N	Sequentially list conditions,	PNEUMONIA				2 mo
BOX cate be es hysician a priving to	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):				
P.O. ath certification thending tall Hygie	CERTII	that initiated events resulting in death) LAST				性点	
의 음 등을 풀	MEDICAL	PART II. Other algorificant conditions ALEHER MER	CONTRIBUTING TO death but not resulting in	the undarlying cause given in	Part I. 24e. WAS AN AU PERFORMI 1 - YES 2 2	ED?	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
TAL The law The Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	26. PLACE OF DEATH (C	neck only one)		
		1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Inpetient 2 ER/Outpetient 3 DOA 6 20e. DATE OF INJURY (Month, Day, Year) 20b. TIME (INJURY)	Nursing Nome 5 Residence OF 28c, INJURY AT WORK? M 1 YES 2 NO	6 Other (Specify) 26d. DE\$CRIBE HOW INJ	URY OCCURED	
DIVISIO OF ATTERMO DIFECTOR AN hours after the from 28 is	TED BY	2 Accident Investigation 3 Buicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At home, farm, stre- building, stc. (Specify)	eet, fectory, office	28f. LOCATION (Street and City or Town, State)	1 Number or Rural R	oute Number,
DIVIS NEFAL OF ATT NEFAL DIRECTO INT. II Item 28	COMPLETED	onel	CIAN: To the best of my knowledge, death occurred to On the bests of examination end/or investigation,				end manner se stated.
TO THE HOSPITAL OF TO THE FUNERAL D DE FIED WITHIN 72 TO THE MITHIN 72 TO THE POPITANT. IF IN	BE	29b, SIGNATURE AND TITLE OF CERTIFIER	мр	29c. LICENSE NU	to the same of the	P 12	(Month, Day, Year)
4	10	30. NAME AND ADDRESS OF PERSON WING	COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr LOKINS HOPKENS H	rint)			
		31. DATE FILED C. 1,41993	32 REGISTRATE OGGNATURE				

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		FOR
1	_	STATE
		REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1. DECEDENT'S NAME (Fir	nt Adiobella Lands											_	
	The second secon		Leonard							Dec. 1	2, T	993	YEAR	3. TIME OF DEATH
١	4. SOCIAL SECURITY NUI 216-66-472		5. SEX	6. AGE (In yr	rs. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MW.	7. DATE OF 12/23	BIRTH			PLACE (State or Forei
	9a. FACILITY NAME (If not			13	THO.						/ - /			
œ			,					OR LOCATION	ON OF DE	ATH		9c. COUNT		
0	924 Wilton		:			Arb	itus					parti	MOLE	
DIRECTOR	10e. STATE	10b. COUNT			10c. CIT	TY, JOWN C	OR LOCAT	TION						10d. INSIDE CITY
DIF	MD	Balt	imore			Arbu	ıtus							LIMITS?
FUNERAL	924 Wilton	n Drive					101	212	27			100 GT	ENOF W	HAT COUNTRY?
S.	11. MARITAL STATUS	47	12. WAS DECEDED	NT EVER IN U.S	S. ARMED	13.	WAS DEC	ENDENT C	OF HISPAN	IIC ORIGIN? (S	Specify Yee	or No-	14, RACE	- American Indian, White, etc.
ВУ	1 Never Married 2 3 Widowed 4 Dr			WAR OR DATES			1 TYES	5 XNO	no	ri, Fuerto race	iri, etc.j		wise	
ETED	15. DE	ECEDENT'S EDI	UCATION In correlated	164	a. DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KI	ND OF BUS	SINESS/INDU	USTRY	
	Elementary/Secondary		College (1-4 or 5		(Give kind of life. Do NOT u		uumg mo	St OF WORKE	ny					
COMPL	8			H	omemak	er				Se]	f	10 3		
8	17. FATHER'S NAME (First,									ME (First, Midd		Surname)		
BE	Alfred W.		ngland							Pfeif		41.7	1	
5	190. INFORMANT'S NAME		1		924 W					Arbuti			(Code)	21227
	Frank Leon)[.	Tan e								_		
1	1 Buriel 2 Cremet 4 Donetton 5 Oth	tion 3 🗆 Ren	noval from State		Crementory or o					12/15		len B		ie, MD
1	21. SIGNATURE OF FUNER		CENSEL	Lore	Have				SS OF FA	LZ/ I				
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MIFICATION	ahock, or	heart fellure.	a. DUE TO	O (OR AS A CO	line.	not anter								Approximat Interval Bet
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Pages 1, 2, 3 should

Dermit.

detached for use as the burial-transit

2

funeral director, page 5 should

and completely filled in by the burial, cremation, or removal.

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CERTIFICATION

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DIRECTOR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	8	0 m	6
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN THE A name that the death certificals be executed within	TO THE FUNERAL DIRECTOR! After this certificate has been parted by the attending physician and completely be filed within 12 hours after death with its State beauto feath and Mental Hypers prior to burial, cremation	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, t
	2	三星	3
	H	HO	E
	王	王윤	2
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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Eva Marie Lowery 12 10 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE 1 M 2 💭 218 14 8019 82 08/02/1911 Sa. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 8458 Miramar Road Pasadena Anne Arundel RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION Maryland Anne Arundel Pasadena 10e. STREET AND NUMBER 10/ ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8458 Miramar Road 21122 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Bookkeeper 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Walter. Burns Wicklein Anna 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joan Shettle 8458 Miramar Road Pasadena, Maryland 21122 20s. METHOD OF DISPOSITION
1 Disposition 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Glen Haven Memorial Park 12/13 Glen Burnie, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY George J. Gonce Funeral Home P.A. 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiec or respiratory arrest, Baltimore, Md shock, or heart fallure. List only one cause on each line IMMEDIATE CAUSE (Final disease or condition resulting in death) Cere tu pro DUE TO (OR AS A CONSEQUENCE OF): avoxi15 ma 1061901 MOG Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant, conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED?

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 4 ☐ Nursing Home 5 ☐ Residence 8 ☐ Other (Specify)

27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending M 1 YES 2 NO

1 ca

16e+1v

2 Accident Investigation 28s. PLACE OF INJURY — At home, term, street, fectory, office building. etc. (Specify) 3 Suictde 6 Could not be 4 🔲 Homicide

Khow ma

29e. CERTIFIER 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated,

2 MEDICAL EXAMINER: On the basis of ion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated 29b, SIGNATURE AND TITLE OF CERTIF 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

5-81

DO

1 YES 2 -NO

281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

2-10

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

5 uer 1 4 1993 31. DATE FILED (Month 32. REDISTRAR'S DEC

DHMH-16 Rev 1/89

93 36307.

BIRTNPLACE (State or Foreign Country)

Maryland

YEAR

U.S.A.

Specify:

1993

3. TIME OF DEATH

1:20 A.

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 1 NO

White

21225

24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE

1 ☐ YES 2 ☐ NO

OF DEATH?

Approximete Interval Between

Onset and Death

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death, Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn to filled within 72 hours after death with the State Deot. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-00;

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

RAR		C	ERTIF	ICATE C	F DEATH	REG. NO).		
KOSE T Levin								YEAR	STIME OF DEATH
The state of the s	5. SEX 1 M 2 F	6. AGE (In yrs. to 83	yrs.			BIRTHPLACE (State or Foreign Country) DET. AWARE.			
ES SCOTT KE		CENTER							
18b. COUNT			100						IOd. INSIDE CITY LIMITS?
10e. STREET AND NUMBER				LCHINO	101. ZIP CODE			ZEN OF WH	IAT COUNTRY?
	12. WAS DECEDEN	T EVER IN U.S. A	RMED		DECENDENT OF HISPA	NIC ORIGIN? (Specify Ye			- American Indian, White, atc.
1 Never Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES X			INO					Specify:	
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			Give kind of a le. Do NOT us	work done during se retired.)				USTRY	
17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Melder			
		.11						Code)	
OF DISPOSITION Cremation 3 - Rem	noval from State	cemetary, cr	AND DATE	OF DISPOSITION	(Name of	DATE 20c, L	OCATION —		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE				22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC.					
disease or condition resulting in death) a. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST a. Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST									7 day
					ring ceuse given in	PERFO	AMED?	6	VERE AUTOPSY FINDINGS WALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
1./	HOSPITAL:	rno	• 🗆 • • •	OTHER:					
DEATH 5 Pending	28a. DATE OF	INJURY	28b. TIM	E OF 28c.	INJURY AT WORK?		INJURY OCC	CURED	
2 Accident Investigation 3 Suicide 6 Could not be determined determined 28e. PLACE OF INJURY — At houlding, atc. (Specify)					ffice	26t, LOCATION (Street City or Town, State	end Number	or Rural Ro	ute Number,
1 CENTIFTING PHTS									end manner ee stated.
E AND TITLE OF CERTIFIE	A		P		29c. LICENSE NU	MBER	29d. DATE	E SIGNED (Mogth, Day, Year)
wherte	o a,	120	-		41	10494015		49	193
ADDRESS OF PERSON WITH	O COMPLETED CAUS	BE OF DEATH (ITI	EM 27) (Type	Print)	D 61	1049401)		49	/93
	AME (First, Middle, Last) SURITY NUMBER D-9719 AME (If not Institution, give is SCOTT KE. E OF DECEDENT 10b. COUNT ID BALT: NO NUMBER DLD COURT RI ATUS Fried 2 Merried 4 Divorced 1 Divorced 1 Divorced 1 Divorced Secondary (0-12) AME (First, Middle, Last) ELL LEY IN BELL LEY IN BELL Grant Divorced Cremetion 3 Rem 5 Other (Specify) OF FUNERAL SERVICE LI CAUSE (Final ondition death) Illet conditione, ig to immediate UNDERLYING asse or injury sevents death) LAST The pending investigation Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined Could not be determined	AME (First, Middle, Last) CONTY NUMBER D-9719 AME (If not institution, give street end number) CS SCOTT KEY MEDICAL E OF DECEDENT 10b. COUNTY BALTIMORE NO NUMBER DLD COURT RD APT ATUS Fried C Merried A Divorced 15. DECEDENT'S EDUCATION Secondary (0-12) College (1-4 or 5 + College (1-4	UNITY NUMBER 0-9719 1 M 2 M F 83 AME (If not institution, give street and number) CS SCOTT KEY MEDICAL CENTER 10b. COUNTY 10b. COUNTY BALTIMORE NO NUMBER OLD COURT RD 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 J YES 2 F 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify) only highest grade completed) 15. DECEDENT'S EDUCATION (Specify) only highest grade completed) 15. DECEDENT'S EDUCATION (Specify) only highest grade completed) 16. DECLL LEVIN DETENDANCE (Type/Print) OF DISPOSITION COMMERCE (Final only one cause on each line cause of high could not be death) LAST OF FUNERAL SERVICE LICENSEE CAUSE (Final onditions are alignificant conditions are or injury events death) LAST OF Pending Investigation of the determined TO COULD NOT THE RESTORY (Month, Day, Year) 1 Separate of Injury events death) 1 Separate of Injury events of the determined of the	AME (First, Middle, Last) POPOLY S. SEX S. AGE (in yrs. lest birthday) 1	ROSALIE LEVIN UNITY NUMBER 5. SEX 9. AGE (in yms. leat birmfowl) FUNDER 1 YMS. BOTTS NAME (if not institution, give street end number) 96. CITY, TOWN BALT 108. COUNTY 106. CITY, TOWN OR LO RANDALLST 108. COUNTY 106. CITY, TOWN OR LO RANDALLST 108. COUNTY 108. CITY, TOWN OR LO RANDALLST 108. COUNTY 108. CITY, TOWN OR LO RANDALLST 108. COUNTY 108. CITY, TOWN OR LO RANDALLST 108. COUNTY 108. CITY, TOWN OR LO RANDALLST 108. COUNTY 108. CITY, TOWN OR LO RANDALLST 108. DECEDENT'S BULLATION 109. DECEDENT'S USUAL OCCUPY REPORTS 1	NAME (First, Middin, Last) ROSALIE LEVIN 9. AGE (in yrs. last birtholay) 10. WE TOWN OR LOCATION OF D BALTIMORE 90. CITY, TOWN OR LOCATION OF D BALTIMORE 100. COUNTY	UNITY NUMBER S. SEX OPPTION S. SEX S. AGE (in yrs. has behavior) PUNDERS AND PUNDERS	UNITY NUMBER S. SCX AND FOR DEATH S. SCX AND FOR POT DEATH S. SCX AND FOR POT DEATH S. SCX S. AND FOR POT DEATH S. SCX S. AND FOR POT DEATH S. SCX S. AND FOR POT SETT ON THE SETT OF BETTING AND FOR POT SETT ON THE SETT OF BETTING S. SCOTT KEY MEDICAL CENTER S. SCOTT KEY MEDICAL CENTER BALTIMORE ON JUNESER OF DECEDETE THE SETT ON THE SETT OF BETTING THE COUNTY D. BALTIMORE S. SCOTT KEY MEDICAL CENTER S. COUNTY D. BALTIMORE S. SCOTT KEY MEDICAL CENTER SO CITY, TOWN ON LOCATION OF DEATH THE COUNTY THE COUNTY D. BALTIMORE S. WAS DECEDED TO THE SETT ON THE SETT OF BETTING S. WAS DECEDED TO THE SETT OF BETTING	NAME FIRST, Modes, Last) ROSALIE LEVIN S. SEX R. AGE (in yrs. tast permodus) ROSALIE LEVIN S. SEX R. AGE (in yrs. tast permodus) ROSALIE LEVIN S. SEX R. AGE (in yrs. tast permodus) ROSALIE LEVIN S. SEX R. AGE (in yrs. tast permodus) ROSALIE LEVIN S. SEX R. AGE (in yrs. tast permodus) ROSALIE LEVIN S. SEX R. AGE (in yrs. tast permodus) ROSALIE LEVIN S. SEX R. AGE (in yrs. tast permodus) ROSALIE LEVIN S. SEX R. AGE (in yrs. tast permodus) ROSALIE LEVIN S. SEX R. AGE (in yrs. tast permodus) S. SEX R. AGE (in yrs. tast permodus) ROSALIE LEVIN S. SEX R. AGE (in yrs. tast permodus) S. SEX R. COLVITY ON OR OR LOCATION BALTINORE BALTINORE S. COUNTY BALTINORE S. COUNTY BALTINORE S. COUNTY BALTINORE S. COUNTY BALTINORE S. COLVITY OR DE S. COUNTY BALTINORE S. COLVITY OR DE S. COUNTY BALTINORE S. COLVITY OR DE S. SEX OR CREATION S. SEX DE S. COLVITY OR DE S. SEX OR CREATION S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX DE S. SEX

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-motors after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the find within 72 hours after death with the State Deer of Health and Mental Homiston policy in hards completely filled in by the funeral	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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E	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furnishing 20 hours after death, with the State Deat of Health and Mental Honland notice in build memoration for seminar	Tell Tell
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	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENTAL HYGIEN REG. NO.		3 30303	
	1. DECEDENT'S NAME (First, Middle, Last)	ESTHER LEVIN				2. DATE OF DEATH		S. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 216-10-0042	5. SEX 6. AGE	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	919	BIRTHPLACE (State or Foreign	
IOR BO	90. FACILITY NAME (If not institution, give str NORTHWEST HOSPITA	L CENTER		*RANDAL	LSTOWN OF D	EATH	9c. COUNTY	OF DEATH	
DIRECTOR	10a. STATE 10b. COUNTY BALTI		10g SA	TIMORE	TION		10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	3402 TULSA RD			10	101. ZIP COOE 7				
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DO	2X NO	If yes, s		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc.	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) Coflege (1-4 or 5+)	16a. DECEDENT'S (Give kind of a life. Do NOT us CLERK	work done during m		166. KIND OF BUS			
BE CO	17. FATHER'S NAME (First, Middle, Lust) HARRY	COHEN			18. MOTHER'S NA ELSI	ME (First, Middle, Meiden	Surneme) KAS	SDAN	
10	199. INFORMANT'S NAME (Type/Print) DAVID LEVIN			ADDRESS (Street TULSA F		Aoute Number, City or Town O MD 21	n, Stete, Zip Co 207	de)	
	PhymETHOD OF DISPOSITION 14 Burlet 2 □ Cremation 3 □ Remo 4 □ Donation 5 □ Other (Specify)	ame of JK AMUNO)	DATE 20c. LOCATION — City or Town, State 12/12/93 BALTIMORE, MD						
	· Sen Aller	Zui		SOL I	ND ADDRESS OF FA LEVINSON REISTERT	& BROS., I	ALTO.,		
CERTIFICATION	23. PART Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate interval Between Onset and Death of the conditions, if any, is adding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST								
MEDICAL	PART II. Other significant conditions	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. P	LACE OF DEATH (Ch	eck only one)			
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 SER/Outp	atlent 3 DOA	4 - Nursing Hor	JURY AT	8 Other (Specify) 28d. DESCRIBE NOW II	LIURY OCCUR	ED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	URY W	YES 2 NO				
ETED E	3 Suicide 8 Could not be 4 Nomicide determined	28e, PLACE OF INJURY building, etc. (Spec	— At home, ferm, s	street, fectory, offi	•	28f. LOCATION (Street a City or Town, Stelle)	nd Number or i	Rural Route Number,	
COMPLE		IAN: To the best of my knowl						nuse(s) end menner as stated.	
BE	200 SIGNATURE ASSETTIVE OF CERTIFIER	man "	-mA		29c. LICENSE NUI	MBER 7/	29d. DATE SI	GNED (Month, Day, Year)	
T0	AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	ATN (ITEM 27) (Type,	Print) -FRedo	RICKAN	e-BALTO	2/2)	-8md.	
	31. DATE FILED (MONTH) DO 4 1993	STATE STRANGS SIGN	Mildell !				1	-	

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FOR 1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1. DECEDENT'S NAME (Fit													
	Claire	si, Middle, Casi)		Ludaso	her					2. DATE OF MONTH	DA	199	PAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	RSON	5. SEX	6. AGE (In yrs. les	st birthday)	IF UNDER		IF UNDER		7. DATE OF (Month, L				LACE (State or Foreign
	186-14-3858 99. FACILITY NAME (If not		1 M 2 F	86	YRS.		TOWN OR	HOURS	MIN, ON OF DE	Oct	23.	1907	Per	msylvania
RECTOR	1707 Wilson	Point	Road	THE SE		Mide	ile F	live	r		2.	Balt	imer	e
EG	RÉSIDENCE OF DE 10e. STATE	10b. COUNT	Υ		10c. CITY	r, TOWN O	R LOCATIO	ON						10d. INSIDE CITY
ō	Maryland	Balti	more		Mide	dle I	River							LIMITS?
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COMPL			1		SAME					T	haran			
ő	17. FATHER'S NAME (First,	Middle, Last)						18. MOTI	HER'S NAM	ME (First, Mio				
ш	William		L	Luda	scher	ė .		Mar	ie	Feeht	enbur	o .		
TO B	19a, INFORMANT'S NAME	(Type/Print)		19	b. MAILINO	ADDRESS	(Street and	d Number	or Rural R	loute Number,	City or Town	n, State, Zip (Code)	
-		Rentze	1		707	Wils	on Pe	oint	Roa	d Mi	ddle	River	Me	21220
	20e. METHOD OF DISPOS 1 Burlet 2 Cremet	ITION tion 3 - Ren	noval from State	20b.PLACE	AND DATE O	her place)				DATE		CATION - C		
	4 Donation 8 Oth				DUDT	Cre	mato	ciun	12	109/9	3 Bal	timor	m, l	arryland
	21. SIONATURE OF FUNER	RAL SERVICE LI	CENSEE	//	118		NAME AND			neral	Warm	TOA		
	///	alla	WC.	2/11	ind								f=7	and 21221
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	disease or condition resulting in death)	\rightarrow	. ce	repro	- Va	sau	ar	a	cu	uen	n		150	
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venue Esses, Jaryland 21221				

MISSION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21	TO THE HOSPING OR FOLL MAN PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUND MAINTENANCE THE CONTINUED MAY BE STONED BY the attending physician and completely filled in by the funeral director, page 5 should be detached for the continued f	IMPORTANT II then 20 is marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DISING	THE HOSPITAL OR ITTER	THE FUNERAL WHICHDR. A.	APORTANT. II them 28 is
	F	F	=

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1 - FOR STATE OF REGISTRAR	MARYLAND / DEPAR CERTIF		F HEALTH		MENTAL HYGIEN REG. NO	E	93	36311	100
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	W	YEAR	3. TIME OF DEATH	
Hildegard	e Marie		McElwe	е		10,	1993	D.	M
4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			IPLACE (State or Foreign	
212-60-3883 1□M2⊠F	89 YRS.	MONTHS D	AYS HOURS	MIN.	Sept 27 1	904	Count	Penna.	
9a. FACILITY NAME (If not institution, give atreet and number)		96. CITY, TO	OWN OR LOCAT	ION OF D	DEATH	9c. CO	UNTY OF D	EATH	
Meridian Multi Medical	Center		Tow	son			Ba	altimore	

	П	lldegarde	Mari	е		MC I	Flwee	9	December	10,	1993	р.м	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHPI Country)	LACE (State or Foreign	
	212-60-3883	1 M 2 X F	89	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept 27 1	904	Country	Penna.	
	9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY	, TOWN O	R LOCATIO				INTY OF DEA		
DIRECTOR	Meridian Multi	Medical C	Center				Tows	son			Ba	ltimore	
EC							ION				1	IOd. INSIDE CITY	
5	Maryland			Baltimore City					City	LIMITS?			
	10a, STREET AND NUMBER				-		ZIP CODE		_orey	10g, CIT		IAT COUNTRY?	
B.	5704A L	och Raven	Rlvd						21239	IIn	itad 9	States	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT		MED	13.	WAS DEC	ENDENT O	F HISPANI	C ORIGIN? (Specify Yes				
F	1 Never Married 2 Married	FORCES? 1 [0		If yes, spe	city Cuba	n, Maxican Specify:	, Puerto Rican, etc.)			- American Indian, White, atc.	
BY	3 Widowed 4 Divorced	IF TES, GIVE WA	N ON DATES			1 YES	2 X NO	эреспу:			Specify:	White	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY									DUSTRY				
ET	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	life.	Do NOT us	work done se retired.)	auring mos	st of workin	g					
COMPLETED	9			Hom	emak	er							
ō	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	HER'S NAM	IE (First, Middle, Maiden				
EC		Thomas	McGlor	ne			100	An	na O'Nei	1			
BE	19a. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS	S (Street a	nd Number	or Rural A	oute Number, City or Tow	n, State, Zi	ip Code)		
2	Rita McElwee			570)4A I	och	Rave	n Bl	vd. Bal	timo	re, Mo	d. 21239	
	20a. METHOD OF DISPOSITION		20b. PLACE A								- City or Town		
	1 X Buriel 2 Cremation 3 Ref 4 Donation 5 Other (Specify)	noval from State	HOLV	RACE	ther place)	Com	ater	v12/	10/93 B	altir	more	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE Milto	p J/ Kni		Jr 22.	NAME AN	D ADDRES	SS OF FAC					
	Milton	MITW	H O WII	gnt	UI				Dartin			land 21214	
4.15	/www.	1. My	12 th						ck, Inc.			ord Road	
	23. PART i. Enter the diseases, or shock, or heart failure	complications that	ceused the de	ath. Do r	not enter	the mo	de of dyi	ing, auch	as cardiac or reap	iratory as	rreat,	Approximata interval Between	
	IMMEDIATE CAUSE (Fine)			1	1	6						Onset and Death	
	disease or condition reaulting in death)		de	2hy	SIA.	Tion	V			1		one week	
		DUE TO (C	OR AS A CONSEC	UENCE O				1	/11	10	1 -		
Z	Conversion that and distance	b	Cls	reb1	017	sarl	AS C	dist	esse (U	1) 5	YEAR !	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (C	OR AS A CONSEC	UENCE O								70.0	
2	cause. Entar UNDERLYING CAUSE (Disease or injury	С											
=	that initiated eventa reaulting in death) LAST	DUE TO (C	OR AS A CONSEC	DUENCE O	F):								
EB	Total Ling III document of the Control of the Contr	d											
	PART ii. Other aignificant condition	ona contributing to d	leath but not re	eaulting	in the ur	nderlying	ceuse (given in i	Part I. 24s. WAS AN	AUTOPSY	24b. V	WERE AUTOPSY FINDINGS	
IN: MEDICAL									PERFOR	-		MAILABLE PRIOR TO COMPLETION OF CAUSE	
									1 □ YES 2	FS-400		OF DEATH?	
Σ									- 1		1	YES 2 HO	
	25. WAS CASE REFERRED TO MEDICAL	1				**	10000						
PHYSIC!	EXAMINER?	HOSPITAL:	State History		ОТНЕ	10	1		ck only one)		_		
Σ	1 TYES 2 THO	1 Inpatient 2 I				-		sidence (B □ Other (Specify)				
	1 Natural 5 Pending	28a. DATE OF II (Month, Day		28b. TIM	JURY		RK?		28d. DESCRIBE HOW I	NJURY OC	CCURED		
BY	2 Accident Investigation		ON HARM AND A				rE\$ 2 [NO					
0	3 Suicide 6 Could not be 4 Homicide determined	building, e	INJURY — At hor tc. (Specify)	me, lerm,	street, fac	tory, office			281. LOCATION (Street City or Town, State)		er or Runal Ro	ute Number,	
COMPLETED													
길		SICIAN: To the best of m	ny knowledge, de	eth occurr	ed at the t	lime, dats	and place,	, end dua	to the cause(s) and ma	nner as st	nted.		
0 0	one) 2 MEDICAL EXAMIN	IER: On the basis of axa	mination and/or i	nvestigatio	on, In my o	opinion, d	eath occur	red at the t	lime, data and place, ar	nd due to t	the cause(s)	and manner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE	6 /1					29c. LICE	ENSE NUM	BER	29d. DA	TE SIGNED (Month, Day, Year)	
BE		Jaa	m	-			0	32	783	1	2/13	193	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITE	4 27) (Type	, Print)						/		
	Dr. Joseph Adams	s M.D. 7	401 Osl	er D	rive	Ba	ltim	ore.	Md. 2120)4			
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR	'S SIGNATURE					- ,					
	DEC 1 4 199	3 Julie	tenden	probable	-								

MPDRIANT II liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CE	ERTIFICA	TE OF	DEATH	REG. NO	O.	
	1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH		3. TIME OF DEATH
	Janae M	anten				MONTH	a a	3
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. less	t birthday) IF L	INDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8, B	IRTHPLACE (State of Foreign
	169-01-41331	□M2 NF 99	YRS. MON	THS DAYS	HOURS MIN.	(Month, Day, Year)	1894 0	ountry)
	9e."FACILITY NAME (If not institution, give street	and number)	96	CITY TOYAL O	R LOCATION OF DE		9c. COUNTY	DE DEATH
œ		11		5	a Lopanjon or be	-Ain	SC. COOKITY	AF DEATH
2	RESIDENCE OF DECEDENT	Nursing Au	me	-	0170			
[[10a. STATE 10b. COUNTY		10c OITY, TO	WNIOR LOCATI	ON			10d. INSIDE CITY
DIRECTOR	md		100	Ita				1 YES 2 NO
	10e. STREET AND NUMBER	Λ		Line	ZIP CODE		T 40- CITIZEN	OF WHAT COUNTRY?
MA	DOD III	11 H			21210		lug. Cilizen	SF WHAI COUNTRY?
삘	1190 W. Nor	then IK	JUL .		1010		1 4	. 3 - 11 .
FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried	FORCES? 1 YES 2	MED			HC ORIGIN? (Specify Y	ea or No — 14, I	RACE — American Indian, Black, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES		1 TYES				Specify: Black
		100			/ -			30.0
	15. DECEDENT'S EDUCATE (Specify only highest grade con	npleted) (Gi	CEDENT'S USU	done durina mos		18b. KIND OF B	USINESS/INDUST	AA.
ا و	Elementary/Secondary (0-12)	college (1-4 or 5+)	Do NOT use reti	red.)				
₽	With the and the Court						-	
COMPLETED	17 NATHER'S NAME (First, Middle, Last)	7.			16. MOTHER'S NA	ME (First, Middle, Maide	Surname)	
BE	Hexander	Jennis			TTEL	in C	new	
	19a. INFORMANT'S NAME (Type/Print)	198	. MAILING ADD	RESS (Street at	nd Number or Rural	Figure Number, City of To	n, State, Zip Cod	
임	Dr. Lucille.	D. Venture !!	90 u	J. No	rthern	YKWY 6	at ba	to, md 2/2/0
	20a/METHOD OF DISPOSITION 1) Burial 2 Cremation 3 Remove	29b. PLACE	ANOIDATE OF	OISPOSITION	(Name	24TB 206-1	OCATION - City	or Town, State
	1 Burial 2 Cremation 3 Ramova 4 Donation 5 Other (Specify)		crematory or or	the rolace)	erial PK	1400 A	butus	mal
	21. SIGNATURE OF FUNERAL SERVICE LICENS		, ,	22. NAME AN	D ADDRESS OF FA	CILITY	44-14-0	
	0 0 0		190	mar	子中生	- West		
	Dlady	Wanen		4300	wab	ash f	Ne	
	23. PART I. Enter the diseases, or com			enter the mod	de of dying, suc	h es cerdiac or res	piretory errest,	
	IMMEDIATE CAUSE (Finel	t only one cause on each line).					Interval Between Onset end Dasth
- [disesse or condition	Cardin	Oulmar	noma	arrest			
- 1	resulting in death) a	DUE TO (OR AS A CONSEC	UENCE OF:	1	0//-/			
_1	_	0 '	1	11	C 1 :-			
6	Sequentielly liet conditions, b	DUE TO OR AS A CONSEC	DUENCE OFI:	11	pulue			
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	A Wineal	/	6	h	7		
윤	CAUSE (Disesse or Injury C	DUE TO (OR AS A CONSEC	OUENCE OF:	V	water	siste	all	
ĒΙ	that initiated events resulting in deeth) LAST							
岚	d							
	PART II. Other significant conditions of	ontributing to death but not r	eculting in th	ne underlying	ceuse given in		N AUTOPSY	24b. WERE AUTOPSY FINDINGS
<u>১</u>	Anema						ORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	30.7	Mellifres				1 □ YES	2 L NO	OF DEATH?
Σ	- traintes	mellipies				_		1 YES 2 NO
PHYSICIAN: MEDICAL	Deculsiti							
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPIPAL:	01	26. PL	ACE OF DEATH (C	eck only one)		
YS	1 YES 2 NO 1	Impatiant 2 ER/Outpatient 3	DOA 4		s 5 🗆 Residence	8 Other (Specify)		
I	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF		URY AT RK?	28d. DESCRIBE HOV	VINJURY OCCURE	:D
BY	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO	THE WALL		
	3 Suicide 8 Could not be	28a. PLACE OF INJURY — At he building, atc. (Specify)	rme, farm, stres	t, factory, office		281. LOCATION (Street City or Town, Sta	st and Number or R	ural Route Number,
Ē	4 Homicide determined	bunding, are. (opecity)				City or lown, Ste	toj	
BE COMPLETED	29a. CERTIFIER	N. To the best of our formulation of		ah alexa deta				
WP	CONDON ONLY	N: To the best of my knowledge, de						(.)
8	Z MEDICAL EXAMINER.	On the basia of axamination and/or	mveetigation, in	i my opinion, a	matri occurso at tre	time, data and place,	and dua to the ca	use(s) and manner as stated.
ių.	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER	29d. DATE SI	GNEO (Month, Day, Year)
	Consul Alv	onez hon			1) 449	07	1.	2/9/93
6	30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Prin	nt)				177
	31. DATE FILED (Month, Day, Year)	32: MIGHT BE ENGLATURE		7				
	DEC 141993	John Burisson Res	deall					
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	REGISTRAR		CERT	IFICATE U	PUEATH	REG	. NO.	
	1. DECEDENT'S NAME (First, Middle, Less Velvet V	Nedona	-12			2. DATE OF DEAMONTH	DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthd	ay) IF UNDER 1 YEAR		7. DATE OF BIRT (Month, Day, Ye	н Го	BIRTHPLACE (State or Fore Country)
	21633-7625	1 M 2 F	2 YA	S.		8-14		MĎ
Œ	9a. FACILITY NAME (If not institution, give				N OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
5	UNIVERSITY RESIDENCE OF DECEDENT	HOSPITA	L	BAL	TIMORE			
DIRECTOR	10a. STATE 10b. COUN	ITY		CITY, TOWN OR LO	CATION			10d. INSIDE CITY
	MD 100. STREET AND NUMBER		BA	ALTO				1 YES 2 1
ERAL	901 DRUID PARI	K LAKE AP	T 4G	- 100	21217			S . A .
BY FUNER	11. MARITAL STATUS 1XXXvever Married 2 Married 3\5\Mildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 [] IF YES, GIVE WAR	YES 2 XNO	If yes,	BECENDENT OF HISPAN specify Cuben, Mexical ES 2 NO Specify	, Puerto Rican, et		4. RACE — American India Black, White, etc. Specify: BLACK
ED	18. DECEDENT'S ED (Specify only highest gra		16e. DECEDEN	T'S USUAL OCCUPA	TION	16b, KIND 0	F BUSINESS/INDU	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	of work done during Tuse retired.)	most or wonling			
MP	17. FATHER'S NAME (First, Middle, Last)							
	RICO MCDONAL	D			18. MOTHER'S NAI			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAIL	JNG ADDRESS (Street	et and Number or Rural F	loute Number, City	or Town, State, Zio C	(ode)
5	THELMA HUNTE	R	901	DRUID	PARK LAK	E DR.	APT4G	BALTO, MD
	20a. METHOD OF DISPOSITION 1 N Surial 2 Cremation 3 Re 4 Donation 6 Other (Specify)	omoval from State	20b. PLACE AND DA	TEOF DISPOSITION	(Name of ETERY	12/16/	93 LANS	SDOWNE, M
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME	AND ADDRESS OF FA	CHLITY		
	> Glades	W) arres)	MAR	CH F/H-W	EST 43	OO WAB	ASH AVE
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	C. DISSE	RAS A CONSEQUENCE MAS A CONSEQUENCE RAS A CONSEQUENCE RAS A CONSEQUENCE CREATIT	E OF):	RITION	, CHROI	UIC	
N: MEDICAL	PART II. Other eignificant condition	ons contributing to de	eth but not resulti	ng in the underly	ring cause given in	PE	AS AN AUTOPSY ERFORMED? ES 2 NO	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF 6 OF DEATH? 1 YES 2
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ent.	26.	PLACE OF DEATH (Ch	ck only one)		
YSI	1 TYES 27 NO	1 Inpetient 2	R/Outpatient 3 DO	A 4 Nursing H		6 Other (Specify		
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJ (Month, Day,	JURY 28b.	INJURY	INJURY AT WORK? YES 2 NO	28d, DESCRIBE	OW INJURY OCCU	RED
TED E	3 Suicide S Could not be	26s. PLACE OF IN building, etc.	NJURY — A1 home, fer . (Specify)	rm, street, factory, or	ffice	26f, LOCATION (S City or Town,		Rural Route Number,
	4 Tromiciae Getarinines							
ш	29a. CERTIFIER Check only	SICIAN: To the best of my						
BE COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	NER: On the basis of exam	nination and/or investig	pation, in my opinior	, death occured at the	time, date and pla	ce, and due to the	cause(a) and manner as s
E COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	NER: On the basis of exam	nination and/or investig	pation, in my opinior	, death occured at the	time, date and pla	ce, and due to the	cause(a) and manner as s
BE COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	NER: On the basis of exam	nination and/or investig	pation, in my opinior	, death occured at the	time, date and pla	ce, and due to the	cause(a) and manner as a

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 36314 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) QUINTE RASHEENA MANNING 2. DATE OF DEATH MONTH 3. TIME OF DEATH DEAVER 93 86 LASHELLE QUINTAE 8=58 A m 11 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 7. DATE OF BIRTH (Month, Day, Year 12 - 1 -5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 10 MARYLAND 1 M 2 VY n/a Pages 1, 2, 3 should Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SCOTT KEY FRANCIS DIRECTOR BALTIMORE n/a RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE MARYLAND n/a 1 X YES 2 NO permit. 10e, STREET AND NUMBER 10f. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY'S UNITED STATES **AVENUE** 1402 N. LUZERNE 21213 for use as the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. BALTIMORE, MARYLAND 21215-0020 1 X Never Merried 2 Merried Specify: BLACK 1 YES 2 XNO Specify: BY 3 Widowed 4 Divorced 유 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) BABY n/a n/a funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname)
LASHELLA DEAVER Page 6 may be retained by the MANNING RASHEEM 76 19a, INFORMANT'S NAME (Type/Print) N. LUZERNE AVENUE, BALTIMORE, 19b. MAILING ADDRESS (Stre 2 21213 LASHELLA DEAVER 1402 must be 20e. METHOD OF DISPOSITION
1 X Buriel 2 ☐ Cremation 3 ☐ Removel from State 20c. LOCATION - City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE MEMORIAL GARDEN BALTIMORE, MD 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE medical examiner 22. NAME AND ADDRESS OF FACILITY WM. C. MARCH FH.- 1101 E. NORTH AVE. attending physician and completely filled in by the mal Hygiene prior to burial, cremation, or removal. 23. PART I. Enter the diseases, or complications the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Approximate Interval Between IMMEDIATE CAUSE (Finel **Onset and Death** SEPSIS, SEPTIC SHOCK the disease or condition DAY resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. BOX 68760 EXTREME PREMATURITY traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): signed by the attending ph Health and Mental Hygiene that initiated events resulting in death) LAST 50 PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL GASTROINTESTINAL HEMORRHAGE Aue 1 YES 2 NO OF DEATH? RESPIRATORY FAILURE (PULMONARY 1 TYES 2 NO has been of h HEMORRHAGE PHYSICIAN: OR ATTENDING PHYSICIAN: The law 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate h with the State I irked, or item EXAMINER? HOSPITAL: OTHER:
4 Nursing Home 5 Residence 8 Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO BY After 1 death Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 6 Could not be determined DIRECTOR: / COMPLETED 4 Homicide item 29s. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) end menner as stated. TO THE FUNERAL D
TO THE FUNERAL D
be filed within 72 ho
IMPORTANT: If its 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND JITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE eda lista 93 D39805 MD, 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHRISTIANE THEDA M.D, 116 W UNIVERSITY PARKWAY, BALTIMORE MD 21210 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whie Davidson Randalle DHMH-18 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The state of the s
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BALIMORE, MARTLAND ZIZIS-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	medical examiner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOA 86/80;	OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital or attending physician.	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furthin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NT: if hom 28 is marked or item 23 shows any injury or other traumatic event, the medical examiner must be notified at once

93 36315 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN		36315
1. DECEDENT'S NAME (First, Middle, Lee	nt)				2. DATE OF DEATH MONTH DA	AY YEAR	3. TIME OF DEATH
HARRY	MACKLER	2			DEC 9 199		5:06 P
4. SOCIAL SECURITY NUMBER 149-09-4703	5. SEX 1 2 M 2 F 75	(In yrs. leat birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/10/191	Cou	THPLACE (State or Foreign intry) W JERSEY
1 STOCKMILL RD	APT I		BALTIMO	RE	ATH	SC. COUNTY OF BALTIMO	
RESIDENCE OF DECEDENT 106. COU MARYLAND BALT	IMORE		Y, TOWN OR LOCA TIMORE	TION			10d. INSIDE CITY LIMITS? 1 YES 2 No
100. STREET AND NUMBER 1 STOCKMILL RD	APT I		10	21208		10g. CITIZEN OI USA	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 X X Serried 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR E	2 DNO	If yes, sp		IC ORIGIN? (Specify Yes n, Puerto Ricen, etc.)	Sp	CE — American Indian, sck, White, stc. sc/ly: TTE
15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 8+)		USUAL OCCUPATION WORK done during moterned.)		FURNITU	BINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Leet) MAYER	MACKLE	CR		16. MOTHER'S NAI	AE (First, Middle, Meiden		RTER
190. INFORMANT'S NAME (Type/Print) MRS REBA MACKLER			ADDRESS (Street of		Ocute Number, City or Tow		21208
23. PART I Enter the diseases, shock or heart failur immediate CAUSE (Finel disease or condition resulting in death)	a. LUNG	od the death. Do resch line.	6010 R	EISTERTO	BROS., IN WN RD. BA	T.TO. M	D 21215 Approximata Interval Batwee Onset and Dea
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF					
PART II. Other algrifficant condit	lone contributing to deeth	but not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR		4b. WERE AUTOPSY FINDING AMARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Chi	ock only one)		
1 YES 2 NO	HOSPITAL: 1 ☐ Inputient 2 ☐ ER/Out	patient 3 DOA	OTHER: 4 Nursing Hon	no .5. Residence	6 Other (Specify)		
27. MANNER OF DEATH Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. IN. WO	PRK?	26d, DESCRIBE HOW I	NJURY OCCURED	
2 Accident Investigano 3 Sulcide 6 Could not 1 4 Homicide determined	26e. PLACE OF INJUR building, etc. (So	Y — At home, farm, scify)	street, factory, offic	•	281. LOCATION (Street City or Town, Stete)		al Route Number,
296. SIGNATURE AND TITLE OF CENTRE	d mo	on and/or investigation	on, in my opinion, o		lime, date and place, an	d due to the caus	e(a) and manner se stated. ED (Month, Day, Year)
31. DATE FILED (Month, Day, War) DFC 1 4 1993	JZ. BEGISTRARIOGIA	CROS	CROAD	OR.	outri6	o min	is mo

Lune (d.m. C.

DEC 14 1993 Water Property of the Control of the Co

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TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN 9 3

36316

1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 220-90-3747 9a. FACILITY NAME (II not institution, give s:				REG. NO	J.	
220-90-3747	MARD MCH	AEL MARTIN		12 1	DAY YE	3 4.59 1
98. PACILITY NAME: (If not institution, give a	1 KM 2 🗆 F	7 YRS. MO	UNDER 1 YEAR IF UNDER 24 HR HTHS DAYS HOURS MIN	(Mora), Day, 1940	. 0	INTHPLACE (State or Foreign Journey) ARYLAND OF DEATH
UNVERTO F MAY RESIDENCE OF DECEDENT	41-nl Shoc	K Whom	6-1 hore	mo		innore
MD ANNE	ARUNDEL	77.0	BURNIE			10d, INSIDE CITY LIMITS? 1 YES 2 X NO
100. STREET AND NUMBER 142 CARROLL ROAD			101. ZIP CODE 21060		U.S.A	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 ND	13. WAS DECENDENT OF HIS If yes, specify Cuben, Mei 1 TYES 2 X NO Sp	(Ican, Puerto Rican, etc.)	pa or No- 14.	RACE — American Indian, Black, Whita, atc. Specify: WHITE
15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	JCATION e completed) College (1-4 or 5 +)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. KIND OF BI	USINESS/INDUSTI	
10	0	WAITER			AURANT	
17. FATHER'S NAME (First, Middle, Last) EDLIADD MICHAEL M/	ADTIN CD		18. MOTHER'S EVA	NAME (First, Middle, Melde FREDERIC		
EDWARD MICHAEL MA 19a. INFORMANT'S NAME (Type/Print)	AKIIN, SK.	19b. MAJLING AD	DRESS (Street and Number or Ru			(a)
EDWARD M. MARTIN.	, SR.		ROLL ROAD, GL			
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State con	D. PLACE AND DATE OF C metery, cremetory or other LEN HAVEN M	PISPOSITION (Name of PARK) PERORIAL PARK	DATE 20c. L	EN BURN	
23. PART I. Enter the diseases, or o	- Deskin complications that course	d the death Decemb	22. NAME AND ADDRESS OF SINGLETON FU 1 SECOND AVE	. S.W., GLE	N BURNI	E. MD 21061
IMMEDIATE CAUSE (Final disease or condition	List only one cause on e	each line.			piratory arrest,	Approximata Interval Between
IMMEDIATE CAUSE (Final	b. FC DUE TO (OR AS A DUE TO (A CONSEQUENCE OF:		Liph	piratory arreat,	Approximata Interval Between Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	b. FC MAS A DUE TO (OR AS A C. DUE TO (OR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conse	in Cash	Lipy	N AUTOPSY PRMED?	Approximata interval Betwoonset and De harvs
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in dasth) LAST PART II. Other significant condition H. M. J. J. J. J. J. J. J. J. J. J. J. J. J.	b. FC MOR AS A DUE TO (OR AS A C. DUE TO (OR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conse	in Cash	In Part I. 24a. WAS A PERFO	N AUTOPSY PRMED?	Approximata Interval Betwo Onset and De Cons
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in dasth) LAST PART II. Other significant condition H. M. C. C. C. C. C. C. C. C. C. C. C. C. C.	a. DUE TO (OR AS A b. FL M DUE TO (OR AS A c. DUE TO (OR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in the consequence of the conse	in CrsL The underlying cause given 28. PLACE OF DEATH THER: Nursing Nome 5 Residen	In Part I. 24a. WAS A PERFO	N AUTOPSY PRMED?	Approximata Interval Betwee Onset and De Con
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant condition L. Martine of Death Vestigation Condition	a. DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d. DUE	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in to the consequence of the c	the underlying cause given 28. PLACE OF DEATH THER: Nursing Home 5 Residen WORKY WORKY M 1 YES 2 NO	In Part I. 24a. WAS A PERFO 1 YES (Check only one) Ce 6 Other (Specify) 28d. DESCRIBE HOW	NAUTOPSY PRIMED? 20140	Approximata Interval Between Onset and De Co
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant condition When the condition of the condition	a. DUE TO (OR AS A DUE	Dut not resulting in to the consequence of the cons	the underlying cause given 28. PLACE OF DEATH THER: Nursing Home 5 Residen WORKY WORKY M 1 YES 2 NO	In Part I. 24a. WAS A PERFC 1 YES (Check only one) ce 6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Yourn, Steh	N AUTOPSY RIMED? 2 MHO INJURY OCCURE	Approximata interval Betwee Onset and De Con
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in dasth) LAST PART II. Other significant condition P	a. DUE TO (OR AS A b. DUE TO (OR AS A c. DUE TO (OR AS A d	Dut not resulting in to the consequence of the cons	the underlying cause given 28. PLACE OF DEATH THER: Nursing Home 5 Residen WORKY WORKY M 1 YES 2 NO	In Part I. 24a. WAS A PERFO 1 YES (Check only one) 28d. DESCRIBE HOW 12d. LOCATION (Street City or Yown, Stant Holl) 24d. Describe How Who was a stant Holl Of Was due to the cause(e) and make t	N AUTOPSY PRMED? 25(NO INJURY OCCURE 12 L. L. L. L. L. L. L. L. L. L. L. L. L.	Approximata Interval Betwee Onset and De harves I to day, I to day
IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant condition P	B. DUE TO (OR AS A DUE	Dut not resulting in to the consequence of the cons	the underlying cause given 26. PLACE OF DEATH THER: Nursing Home 5 Residen WORKY M 1 YES 2 NO ext, factory, office	In Part I. 24a. WAS A PERFC 1 YES (Check only one) 28d. DESCRIBE HOW Chy or Yown, Stan 40 1 Ox Hy due to the cause(e) and muthe time, data and place, a	N AUTOPSY PRIMED? 2000 NO COURSE I Land Number or Report Land Number or Report Land dua to the care	Approximata Interval Betwee Onset and De harves I to day, I to day

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SIGNAL THE INVESTIGATE that the death cartificate be executed within Thours after death. Page 6 may be retained by the hospital or atten	confliction has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	is them 23 shows any lajury, or other traumatic event, the medical examiner must be notified at once.
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255	0.	

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leat)				AIL OI	DEATH		OF DEATH	AY	he= 4 =	3. TIME OF DEATH
	HELEN P. MAR	KUS					Dec		993	YEAR	
	4. SOCIAL SECURITY NUMBER 218-12-4367	1 🗆 M 2 🔀 F	6. AGE (In yrs. lest b	"	UNDER 1 YEAR NYHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE (Month Dec	of BIRTH h, Day, Year) 25, 1	923	Coun	HPLACE (State or Foreign try) ryland
OR	90. FACILITY NAME (If not Institution, give Northwest Hospit				Randal	lstown	EATH		Balt		re Co.
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUNT Maryland Balt	imore Co.			own or Local	TION					10d. INSIDE CITY LIMITS? 1 YES 2 XNO
	10s. STREET AND NUMBER			Roc	101	ZIP CODE					WHAT COUNTRY?
FUNERAL	3510 Abbie Place 11. MARITAL STATUS 1 Never Married 2 XXMerried	12. WAS DECEDENT FORCES? 1	YES ZYNO		13. WAS DEC	21244 ENDENT OF HISPA ecity Cuben, Mexic	an, Puerto		US or No-	14. RAC	E — American Indian, ck, White, etc.
ED BY	3 Widowed 4 Divorced 15. DECEDENT'S EDI	IF YES, OIVE WI		DENT'S HE	1 TYES	2xxNO Speci		. KIND OF BU		Spec	White
COMPLETE	(Specify only highest grad	completed) College (1-4 or 5+)	(Give	maker	done during mo tired.)	st of working	160		SINESS/IND	USTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) Warren C. Litsin	ger				18. MOTHER'S NA Hilda					
10	190. INFORMANT'S NAME (Type/Print) Mr. John P. Marku	s, Sr.				nd Number or Rural Balti			n. State, Zip		
	20a. METHOD OF DISPOSITION 1 🔯 Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AN cornetery, creme Pleasa	DDATE OF C	place) dge Ce	metery	12		cation –		
	21. SIONATURE OF FUNERAL SERVICE LI	Ay D)	+		Lorin	o Adoress of F	Fune	ral Di			
	23. PART 1. Enter the diseases, or	complications that	coused the dest			TITLETEA	KU.	Randa	listo	-	
	The second secon	List only one cour	e on each line.	th. Do not					11sto	own,	MD 21133 Approximete Interval Between
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	54	e on each line.	5						own,	MD 21133
RTIFICATION	IMMEDIATE CAUSE (Finel disease or condition	b. DUE TO (OR AS A CONSEQUENT OR AS A CONSEQUENCE OF AS A	PENCE OF):						own,	MD 21133 Approximete Interval Between
MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	b. DUE TO (OR AS A CONSEQUENT OR AS A CONSE	PENCE OF):	anter the mo	de of dying, sud	ch ee cerd		AUTOPSY RMED?	own,	MD 21133 Approximete Interval Between
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO (c. DUE TO (d	OR AS A CONSEGU	HENCE OF):	the underlying 26. PI	g ceuse given in	n Part I.	24s. WAS AN PERFOI	AUTOPSY RMED?	own,	Approximate Interval Between Onset and Deat Deat Deat Deat Deat Deat Deat Deat
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 400 27. MANNER OF DEATH 1 Metural 5 Pending	b. DUE TO (OR AS A CONSEQUENT OR AS A CONSE	HENCE OF):	the underlying the un	g ceuse given in	n Part I.	24s. WAS AN PERFOI	I AUTOPSY RMED?	DWN,	Approximate Interval Between Onset and Deat Deat Deat Deat Deat Deat Deat Deat
MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Vestural 5 Pending	b. DUE TO (b. DUE TO (c. DUE TO (d	OR AS A CONSEQUENT OR AS A CONSE	PENCE OF): PENCE OF): PUITING IN 1	the underlying 26. PITHER: Nursing Horr M 1	g ceuse given in ACE OF DEATH (C. 10: S Residence URTY AT 19K5 2 NO	heck only or	24s. WAS AN PERFOI 1 YES :	AUTOPSY RMED?	244	Approximate Interval Between Onset and Deat Deat Deat Deat Deat Deat Deat Deat

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32 AEGISTRAD'S SIGNATURE
Juha Mandon Pandall

31. DATE FILED (Month), Day, Year)
DEC 1 4 1993

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

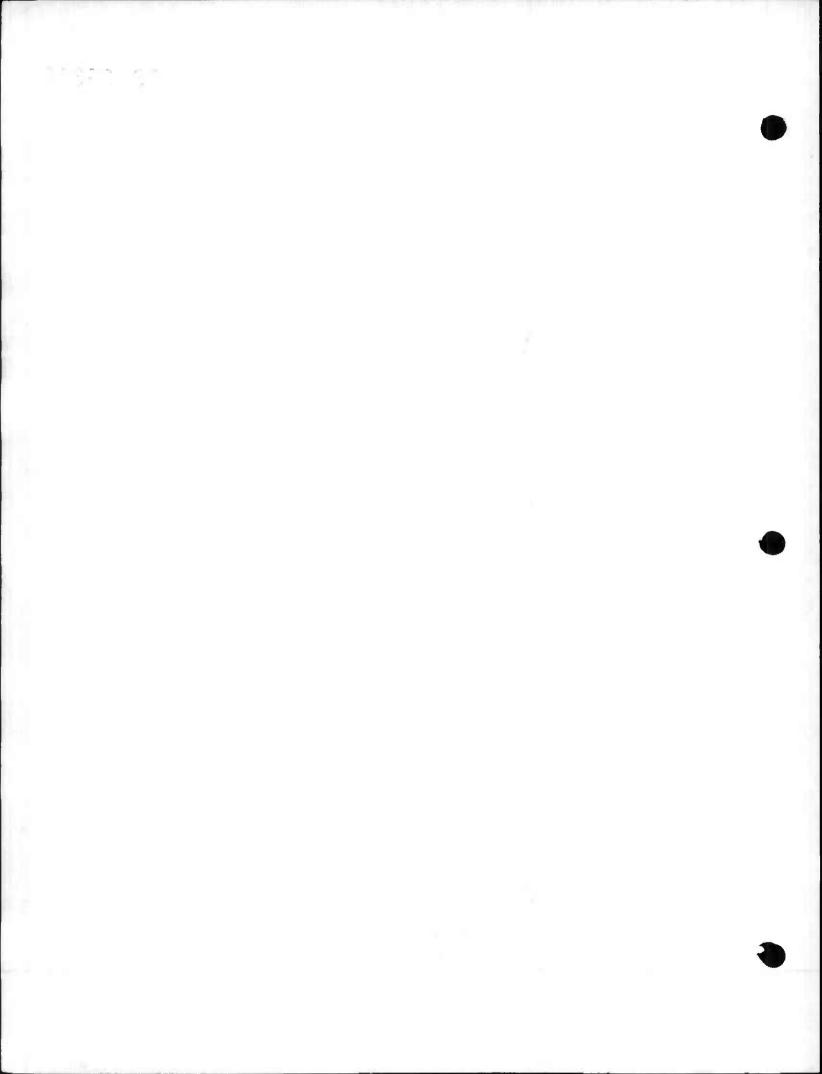
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	HEGIOTHAN		CERTIF	ICATE OF	DEATH	PLEG. NO).	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
1 1	GERTRUDE	MARY		MILLS		12-3-93	MA AE	7:05P M
1	4. SOCIAL SECURITY NUMBER	5, SEX 8, AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	216 20 0224	1 🗆 M 2 😾 F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	(Country)
1		4.5	8.3			8-17-19	10 M	aryland
-	9e. FACILITY NAME (If not institution, give s		g Green	96. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	OF DEATH
Ö	Meridian Nursi	ing Center		Balt	imore			na
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT						1	
2		Υ	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
	Maryland na			timore				1 YES 2 NO
FUNERAL	104. STREET AND NUMBER Long	GreenMerid:	ianNus I	Im 10	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
8	115 East Melro				1212		USA	
Z	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED			NIC ORIGIN? (Specify Ye		RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, s	ecify Cuban, Mexico	en, Puerto Rican, etc.)		Black, Whita, etc.
8	3 🙀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	no	1 U YES	3 2 NO Specif	ly:		Specify: White
0	15. DECEDENT'S EDU	ICATION		USUAL OCCUPATI	ON .		I ISINESS/INDUST	
	(Specify only highest grade		(Give kind of	work done during m	ost of working	166, KIND OF BU	/SINESS/INDUST	HY
	Elementary/Secondary (0-12)	College (1-4 or 5+)	###. 20 NOT U	ou reared.)		Home	maker	
Z								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maide	Sumame)	
BE	William Wolf				Mary S	cheffer	Wolf	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADORESS (Street	and Number or Rural	Route Number, City or To	vn, State, Zip Coc	io)
일	Mary M. Clark					rcle, Span		
	20a. METHOD OF DISPOSITION	1 20	b. PLACE AND DATE				OCATION - City	
	1 Burial 2 Cremation 3 Rem		metery, crematory or o		ame or	OATE 20C. LI	JUNION - City	or lown, State
	21. SECHATURE OF FUNERAL SERVICE LIC	CENCED = 23 3 ·						
	Or Tolleroe Service Cit	1 000	vade, Dir		ND ADDRESS OF FA	Deac		tomy Board
	mund	Mblee		655W	Baltim	oreSt, Ba	lto,MD	21201
	23. PART i. Enter the diseases, or		ed the death. Do i	of enter the me	ode of duing aug	h es cardisc or mar	iretpo, errest	Approximate
1 1	shock, or heart fallure.	List only one ceuse on	each line.		out or trying, suc	in os cardiac or resp	matbry arrest,	interval Between
1 1	iMMEDIATE CAUSE (Final disease or condition		•					Onset and Death
	resulting in death)	· Jeps	A CONSEQUENCE O					
1 1	The state of the s	DUE 16 (OR AS	A CONSEQUENCE O	F):				
z		a Preum	nia					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate			F):		-		
3	cause. Enter UNDERLYING	Chyhun	A CONSEQUENCE O	pe of	Denne	utia		
Ē	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	Fi:				
눈	resulting in death) LAST							
l W		0.						
	PART II. Other significant condition	ns contributing to deeth	but not resulting	in the underlyin	g cause given in	Part I. 24s. WAS AI		24b. WERE AUTOPSY FINDINGS
EDICAL							RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE
						1 TYES	Z-NO	OF DEATH?
Σ						-		1 TES 2 TNO
PHYSICIAN:								
131	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF OEATH (Ch	neck only one)		
S	1 🗆 YES 2 🖵 HO	1 Inpatient 2 ER/Ou	tpatient 3 🗆 DOA	OTHER:	ne 5 🗆 Residence	6 Other (Specify)		
1 = 1	27. MANNER OF DEATH	28a. DATE OF INJURY		E OF 28c. IN.	JURY AT	28d. DESCRIBE HOW	INJURY OCCURE	ED
	1 Nitural 5 Pending	(Month, Day, Year)	IN.		ORK? YES 2 NO			
B	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJUR	Y — Al home form	street factory offic		28f. LOCATION (Street	and Number or C	hand Barda Mambas
	4 Homicide determined	building, atc. (Sp.	ecify)	,, ,		City or Town, State)	Iorer Piodie Numoer,
COMPLET					_			
4	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	ICIAN: To the best of my kno	wledge, death occurr	ed at the time, date	end place, and due	to the cause(s) and me	nner as stated.	
8	one) 2 MEDICAL EXAMINE	ER: On the besis of examinati	on and/or investigation	n, in my opinion, o	leath occured at the	time, date and place, a	nd due to the ca	use(s) and manner es stated.
	296. SIGNATURE AND TITLE OF CENTIES							
8	100	77			D 33		ZYG, DATE SK	GNED (Month, Diny, Year)
	170/89				0000	100		18/75
2	20 NAME AND ADDRESS OF STATE							
유	30. NAME AND ADDRESS OF PERSON WH	Q COMPLETED CAUSE OF O		,	1			
2	DR ROBERT KIS	SSING	4300 N	,	s St, I	Balto,MD2	21218	
10	The state of the s		4300 N	,	s St, I	Balto,MD2	21218	



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DISVERDING BRACIC	DIRECTOR: After this cer	2 hours after death with th	fitem 28 is marked,	THE ON DE
-	15	9	4	-

	1. DECEDENT'S NAME (First, Middle, Las NONIE	0		MOC	DRE		2. DAT	TO OF DEATH	2*1993	YEAR	3. THE SEPEATH
	4. SOCIAL SECURITY NUMBER 246 18 3016	5. SEX 1 M 2 F	5. AGE (In yrs	. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HR	i. (Mo	e of BIRTH oth, Day, Year) 4/190		Country	LACE (State or Foreign
	Saint Joseph Hos RESIDENCE OF DECEDENT			96. CITY, TOWN OR LOCATION OF DEATH TOWSON, Maryland			d Baltimore				
	Md . 10b. COUN	ITY		10c. CIT	Balto.	ATION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	6206 Northwoo	od Drive	9		10	of. ZIP CODE				EN OF WI	HAT COUNTRY?
88	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S 1 YES 2 WAR OR DATES		If yes, s	CENDENT OF HIS pecify Cuban, Ma S 2 NO Sp	xican, Puert		as or No— 1		
	15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)		100	Give kind of His. Do NOT u	,	iost of working	11	86. KIND OF BU	JSINESS/INDU	STRY	
-	17. FATHER'S NAME (First, Middle, Last)				Housew		NAME (First	, Middle, Malder	n Surname)		
	Robert Rawls							Dick			
ſ	19a. INFORMANT'S NAME (Type/Print)				ADDRESS (Street	and Number or Ru	ral Route Nu	mber, City or Tox	wn, State, Zip C		
L		Moore			North						
	20e. METHOD OF DISPOSITION PO Burlet 2 Cremation 3 Re 4 Donation 5 Other (Specify)				of disposition (A	tery	12		Balto		,
ı	21. SIGNATURE OF FUNERAL SERVICE		,		22. NAME A	AND ADDRESS OF	FACILITY		_		
L	The state of the s	a. Mu)	1701	Laure	ens S	Street	Bal		, Md212:
	23. PART /. Enter the diseases, o ahock, or heart failure immEDIATE CAUSE (Finel disease or condition resulting in death)	a. SEPSIS	at caused the	line.	1701	Laure	ens S	Street	Bal		Approximate interval Betw
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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examin
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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last		D	CERTIF					MONTH	REG. NO	AY	YEAR	3. TIME OF OEATH
18		Anna	В.	MULLI						mber	11, 1		4:20 j
	4. SOCIAL SECURITY NUMBER 216-01-4548	5. SEX	6. AGE (In yr	rs. lest birthday) YRS.	MONTHS		HOURS	MIN	7. DATE ((Month) May	Day, Year) 15, 1	905	Country	LACE (State or Foreign
	9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY, 1	OWN OF	LOCATI	ON OF DE	ATH		9c. COU	NTY OF OE	ATH
5	Franklin Square	Hospital			Balt	imo	re				Balt	imor	e County
DINECTOR	Maryland 10b. coun	тү			Y, TOWN OR Limor		ON						10d. INSIDE CITY LIMITS? 1 YES 2 NO
7	10e. STREET AND NUMBER					10f.	ZIP CODE	E			10g. CIT	IZEN OF W	HAT COUNTRY?
	5837 Belair Road					2	1206	5			U.S.	A.	
DI FUNENAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO ⊠NO	14	yes, spec	cify Cuba	F HISPAN n, Mexican Specify:	, Puerto R	(Specify Yelcan, etc.)	e or No—	14. RACE Black, Spec// Whi	American Indian, White, etc.
5	15. DECEDENT'S ED (Specify only highest grad		16	a. DECEDENT'S (Give kind of a	USUAL OCC	UPATION	of working	ng	16b.	KIND OF BU	SINESS/INC	DUSTRY	
-	Elementary/Secondary (0-12)	College (1-4 or 5							-	E C	mith	Do: 1	75 of c
	17. FATHER'S NAME (First, Middle, Last)		1	actory	MOLK	_	46 FACE	HEDIC MAT		Iddle, Melden		DOX 1	Factory
	Frank Smith												
3	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	Street one	_			ddend		n Codel	
2	Marie A. Schesta	a											yland 212
	20e. METHOD OF DISPOSITION			ACE AND DATE	OF DISPOSIT	ION (Nam	ne of		DATE	20c, LC	CATION -	City or Tox	n, State
	1 1 Suriel 2 □ Cremation 3 □ Re 4 □ Donation 5 □ Other (Specify)	moval from State	Gai	rdens c	ther place).	th (Ceme	terv	12/	14 Ba	ltimo	re. I	Maryland
100000	21. SIGNATURE OF FUNERAL SERVICE I	m.h	un	sher	22 N	AME AME	ADDOS	DO OF FAC	MI ITW				yland 212
	23. PARTY. Enter the disease, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	. List only one ceu	estive	Heart	Fail	ne mod	e of dy	ing, auch	aa card	ac or resp	iratory an	reat,	Approximate interval Betw Onset and D
		Coro	nary A	Artery	Disea	se,	Нур	erte	nsio	n			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO											
orum louis	If any, leading to immediate	DUE TO	(OR AS A CO	INSEQUENCE OF	F):								
ויבסוסטר סבעווו וסעווסוו	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c				erlying	Ceuse (given in I	Part I.	24a. WAS AN PERFOI 1 YES	RMED?		AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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29c. LICENSE NUMBER N/A

9000 Franklin Square Drive, Baltimore, Maryland 21237 Kumarce Kashi, MD,

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the within 72 hours after death with the State Dest. of Health and Mental Hydere prior to burial, cremation, or removal.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriat, cremation, or removal.				
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36321 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - STATE REGISTRAR	STATE OF N	CERTIF	ICATE OF DE	ATH	REG.	NO.		
1. DECEDENT'S NAME (First, Middle		AVIII III			2. DATE OF DEATH	H DAY	YEAR	3. TIME OF DEATH
Gladys M.	Morrow				DEc. 10			\$ 130 P
4. SOCIAL SECURITY NUMBER 109-26-8449	5. 9EX	6. AGE (In yrs. last birthday) 90 yrs.	IF UNDER 1 YEAR IF U	JNDER 24 HRS. JRS MIN.	7. DATE OF BIRTH (Month, Day, Year	7)	6. BIRTH Country	PLACE (State or Foreign
9a. FACILITY NAME (If not institution		JO THS.	9b. CITY, TOWN OR LO	2071211 27 27	Oct, 5,			w York
	-	enter	Baltimo		AIH	9c. COUN	N/A	HTA
RESIDENCE OF DECEDER	NT T			16				
	/A		TY, TOWN OR LOCATION					10d. INSIDE CITY LIMITS?
Md. N	/A		Baltimore 101, ZIP	0005				1 X YES 2 NO
5837 BElair	Road			1206			S.A.	HAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. ARMED			C ORIGIN? (Specify		14. RACE	- American Indian,
1 Never Married 2 Married	FORCES? 1	YES 2 X NO	If yes, specify (Cuban, Maxican NOX Specify:	, Puerto Rican, etc.		Black Specif	, White, etc.
3 Widowed 4 Divorced								White
15. DECEDENT (Specify only highes	S EDUCATION t grade completed)	(Give kind of	USUAL OCCUPATION work done during most of w	working	16b. KIND OF	BUSINESS/INDU	JSTRY	
Elementary/Secondary (0-12)	College (1-4 or 6 -	+) Iffe. Do NOT us	se remeo.)					
17. FATHER'S NAME (First, Middle, Li	ist)		18, 1	MOTHER'S NAM	NE (First, Middle, Mai	Iden Surname)		
George W. M	orrow			Cora				
19a. INFORMANT'S NAME (Type/Prin	9)	19b. MAILING	ADDRESS (Street and Nu	imber or Rural Ro		Town, State, Zip	Code)	17-12
Margaret	Taylor	411	Bretton Pl	ace Ba	altimore	,Md21	1218	
20a. METHOD OF DISPOSITION 1 ☐ Burlal 2 ⚠ Cremation 3 ☐		20b. PLACE AND DATE of cometery, crematory or of	OF DISPOSITION (Name of other place)			LOCATION - C	aty or To	vn, Stata
4 Donation 8 Other (Specif)		GReenmou			$12/13_{B}$	altimor	e.M	1.
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE							
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within short after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the find within 72 hours after death with the State Deet, of Health and Mental Hotelse prior to burial, crenitation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

I. DECEDENT'S NAME (First		Kenzie	lis E.	MacKe	enzie				2. DATE	OF DEATH	MY 1	YEAR 43	3. TIME OF DEATH
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_	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fills	2	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the
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	F	P	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	=

(Check only one)

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296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year) DEC 1 4 1993

1 - FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH (JEAN ELSIE MOORE) 12 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS HOURS 1 M 2 F 218-26-2883 YRS. 03-09-33 should Se. FACILITY NAME (If not institution, give etreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Union Memorial Hospital Baltimore City Pages 1, 2, 3 RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MARYLAND NONE BALTIMORE CITY permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1946 PEARLMAN PLACE 21213 **burial-transit** hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 ND Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 ND BY 3√ Widowed 4 □ Divorced page 5 should be detached for use as the COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) 10th PRESS OPERATOR LONDON FOG none 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) the FRANK HARRIS MARTHA MOTLEY retained by BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1120 N. KENWOOD AVENUE BALTIMORE, MD.21213 WANDA PAGE Page 6 may be 2 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must funeral director, BALTIMORE CEMETERY 4 Donation 8 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF CALVIN B. 1412 E.PRE Cahrens Csug filled in by the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final the CHRONIC RENAL FAILURE cremation, disesse or condition DUE TO (OR AS A CONSEQUENCE OF): event, resulting in death) traumatic and CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEDUENCE OF) 2 If any, leading to immediate cause. Enter UNDERLYING the attending physician Mental Hygiene prior to Metabolic a cidosis CAUSE (Disesse or Injury that Initiated events other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 PART II. Other significant conditions contributing to death but not resulting in the underlying cause given MEDICAL ने व amy L. of H PHYSICIAN: has by Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH Hem certificate HOSPITAL: OTHER: 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 5 - Residen o the 27. MANNER OF DEATH 28b. TIME OF INJURY 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? marked, this 1 Matural 8 Pending 1 YES 2 NO BY death 2 Accident 28e, PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined DIRECTOR: Jours after of Item 28 is COMPLETED 4 [Homicide 8 1 SERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and o

2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AT24

Memoria

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

36323

8. BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY

1 X YES 2 NO

MARYLAND

NONE

10g. CITIZEN OF WHAT COUNTRY?

UNITED STATES

14. RACE — American Indian, Black, White, atc.

AFRICAN AMERICAN

YEAR

93

9c. COUNTY OF DEATH

3. TIME OF DEATH

7:53 Am

REG. NO

12/1	6/93 BALTI	MORE	, MARYLAND
SCRU	GGS FUNERA STREET, B	L HO	ME
	diac or reapiratory arrest		Approximats Interval Between Onset and Death
		6yrs	12/11/1987
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In Part I.	24a. WAS AN AUTOPSY PERFORMED?	AMAI CON OF I	NE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
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use as the burial-transit permit. Pages 1, 2, 3 should

TO BE COMPLE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached for ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
it death. Page 6 may be retained by the hospital of	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital r

	MARGARE	T A.	MU	DGE				MONTH	OF DEATH DA		YEAR	3. TIME OF DEATH 10:40 A
4. SOCIAL SECURITY NUMBER	5. SEX	. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		Dev. Year)		8. BIRT	NPLACE (State or Foreign
213-44-9910	1 🗆 MXX	92	YRS.	months.	DATE	HOURS	MITTE.		-26-0	1.		ARYLAND
9a. FACILITY NAME (If not institution, give st	reet end number)			9b. CITY,		R LOCATIO		ATH		9c. COU	NTY OF	
BLAKEHURST					ТО	WSON	1				BA	LTIMORE
10s. STATE 10s. COUNTY			10c. CIT	TY, TOWN O	OR LOCATI	ON						10d. INSIDE CITY
MARYLAND BA	LTIMORE				TO	WSON	1					1 YES ZYNO
10e. STREET AND NUMBER		119.4		V 10	101.	ZIP CODE				10g. CIT		WHAT COUNTRY?
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11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIYE W	YES ZX		1	If yes, spe	ENDENT O	ı, Mexica	n, Puarto R	? (Specify Yes lican, atc.)	or No—	Spe	E — American Indien, ck, White, atc. c/ly: HTTE
15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S	USUAL OC	CCUPATIO	N of anythin	a .	16b.	KIND OF BUS	INESS/IN		HIII.
Elementary/Secondary (0-12) 12 YEARS	College (1-4 or 5+)	100	DO NOT U	SEWI		it or working			0	WN	но	ME
17. FATHER'S NAME (First, Middle, Last)						18. MOTH			liddle, Meiden	Surneme)		
RICHARD	H. AL	VEY					LEI	JIA	SCOT	T		
19a. INFORMANT'S NAME (Type/Print)									er, City or Town			
EDWIN N. CHAPM	AN (SON)	1713	5 CI	RCT.	E RC)AD,	PITY	TON M	ARY	LAN	D 21204
20a. METHOD OF DISPOSITION 1 Burist X X Cremetion 3 Rame 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE Cutt		AND DATE emetory or o	OF DISPOS other place) OUNT 22. I	CR NAME AN	EMATO ADDRES HENE	CORY IS OF FACE RY RK R	T 12-	JENKI BALT	ALT NS	City or T	SONS MD 21212
23. PART I. Enter the diseases, or c shock, or heart fellure. I	ENSEE Cuttle Complications that List only one coun	GREE	ANDDATE smetory or or CN M	OF DISPOS other place) OUNT 22. 1 4 not enter	CR NAME AN 905	EMATO ADDRES HENF YOR	ORY S OF FAC RY RK R	T 12-	20c. LOC 13 B JENKI , BALT lac or respir	NS IMO	City or T	SONS
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296. SIGNATURE AND TITLE OF CENTIFIER 4212 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

William D. McConnell 500W. University

31. DATE FILED (Month, Day, Year)

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JIVISION OF VITAL RECORDS, P.O. BOX 68760,

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93 36325 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MANNONE 12 BETTY M 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTN 8. BIRTHPLACE (State or Foreign Country) 187-05-3089 73 YRS. 2-14-1920 Penns 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FUNERAL DIRECTOR University Hospital Baltimore Baltimore RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. Baltimore 1 YES 2 NO 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 18 Pankwind Ct. U.S.A. 21234 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 14. RACE — American Indian, Black, White, atc. Specify: White If yes, specify Cuban, Maxican, Pt 1 YES 2 No. Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) Homemaken Home 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) notified at Charles O. Bramhall Elsie Mowery BE 19a. INFORMANT'S NAME (Type/Print) 19b, MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Pankwind Ct. nank Mannone Balto. , Md 21234 99 20e. METHOD OF DISPOSITION

1 © Burlal 2 Cremation 3 Ren

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, Stata must Balto. Md. 21234 21. SIGNATURE OF FUHERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Hartley Miller Funeral Home 7527 Harford Rd.Balto., Md.21234 medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fallure. List only one cause on each line Interval Batween Onset and Death **IMMEDIATE CAUSE (Finei** the disease or condition resulting in deeth) Aspiration days marked, or item 23 shows any injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF): Mental BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Myeloma AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF OEATH (Check only one) this certificate to with the State PLOSPITAL: OTHER: Inpatient 2 - ER/Outpatient 3 - DOA ne 5 - Residence 6 - Other (Specify) ē 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. OEŞCRIBE NOW INJURY OCCURED 1 Netural
2 Accident
3 Suicide 5 Pending Investigation 1 YES 2 NO 通り 28s. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Nomicide 1 CERTIFYING PRYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. (Check only one) 2 MEDICAL EXAMINER-On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPI TO THE FUNE IN fied within 296. SIGNATURE AND TATLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Monifs, Day, Year) 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

> 5 32. REGISTRAR'S SIGNATURE

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. OECEDENT'S NAME (First, Middle, CHARUS	CIT	IARLES ED	WARD	MILL	.ER	5271	ō.	2. DATE O MONTH	F OEATH		YEAR 93	TIME OF DEATH
- 1	4. SOCIAL SECURITY NUMBER 218-01-3590	5. SEX 1 M 2 F	6. AGE (In yrs. les	birthday)	IF UNDER 1	VEAR DAYS	IF UNDER	24 HRS.	7. DATE O (Month,			8. BIRTHPL Country)	ACE (State or Fore
NO	9a. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH NA NA												
DIRECTOR	10a. STATE 10b. C	ounty nne Arundel			r, TOWN OF	LOCAT		ahts			1	1	Od. INSIDE CITY LIMITS? YES 2 X 1
FUNERAL I	100. STREET AND NUMBER 109 North Lor		d,			_	. ZIP CODE)	a lian	10g. CITIZ		AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced	FORCES?	NT EVER IN U.S. AR 1 XYES 2 N WAR OR DATES AYMV		11	yes, sp	ecify Cubar			(Specify Yes	or No-		American India White, atc.
COMPLETED	15. DECEDENT' (Specify only highest Elementary/Secondary (0-12) 8th Grade		16e. DE (G life.	Do NOT us	vork done di le retired.)	uring mo	st of working		1.5	Lock			or
BE CON		iller					18. MOTH	izabe	eth	ddle, Maiden 01ive	sumame) r Mil	ller	
5	Mrs. Mary M. N			109 N	Vorth	Lo	ngcr				icum,	Md.	21090
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 C 4 Donation 5 Other (Specify)	20b.PLACE/ cometery, cre Cedan	metory or ot	her place) 1 Cem	ete	ry 1	12/16	DATE 5/93		cation – c timor		aryland
	21. SIGNATURE OF FUNERAL SERVI	ICE LICENSEE KOV	in E. Ec	ker	Mo	Cul	ly Fu	unera	al Ho	me of	Brocalto.	klyn , Md	. 21225
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-	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc., (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State)									ite Number,			
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TO BE	29b. SIGNATURE AND TITLE OF CEI	ferm	₩ OF OF ATH (ITE	M 27) (Time	Print)		29c. LICE	NSE NUME	BER		29d. DATE	1	fonth, Day, Year)
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BE COMPLETED BY FUNERAL DIRECTOR

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CERTIFICATION

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IMMEDIATE CAUSE (Finel

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING

29b. SIGNATURE AND TITLE OF CERTIFIER

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diseese or condition resulting in death)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Thours after death. Page 6 may be retained by the hospital or attending pit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE REGISTRAR		STATE OF MA	ARYLAND / DEPAI CERTIF					MENTAL HYGIENI REG. NO.	E	93	3632	7.
1. DECEDENT'S NAME (First, Middle, Last) PRICE MOSHER						2. DATE OF DEATH MONTH December			1 ^{DAX} , 1993 3. TIME OF DEATH			м
4. SOCIAL SECURITY I			8. AGE (in yrs. last birthday)	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	HPLACE (State or Fore	ign
028-12-2709		1½∑ M 2 □ F	70 YRS.	MONTHS	UATE	HOURS	merre.	June 5, 192	3		sachusetts	
9a. FACILITY NAME (#	not institution, giv	e street and number)		9b. CITY,	TOWN 0	R LOCATI	ON OF DE	ATH	9c. CO	UNTY OF	DEATH	
804 Stone		Road		Bal	tim	ore				Balt	imore	
RESIDENCE OF	10b. COU	MTV	100 00	TV TOWN OF	LOCAT	1011			_			
Maryland	100.01					ry, Town on Location Baltimore					10d. INSIDE CITY LIMITS? 1 YES 2XX N	ю
10a. STREET AND NUM	BER		TETT I		101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
804 Stor	neleigh	Road			21212				USA			
11. MARITAL STATUS 1 Never Married 3 Widowed 4	Married	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO R OR DATES WWII	11	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or if yea, specify Cuban, Maxican, Puerto Rican, stc.) 1 YES X NO Specify:				or No—			
	DECEDENT'S E		16a. DECEDENT'S	work done du			ng	16b. KIND OF BUSINESS/INDUSTRY				
Elementary/Seconds	ry (0-12)	College (1-4 or 5+)	Secur	rity Manager				U.S.Government				
17. FATHER'S NAME (FI	st, Middle, Last)					16. MOT	HER'S NA	ME (First, Middle, Maiden :	Sumame)			
Ralph Har	nilton	Mosher				M	aude	Alice Pri	ce			
19a. INFORMANT'S NA			19b. MAJLIN	G ADDRESS	(Street a			Route Number, City or Town		(ip Code)		
Barbara :	S. Mosh	er	804 S	tone l	eia	h Ro	ad B	altimore, 1	Mary	land	21212	
20s. METHOD OF DISPOSITION 20b. PLACE AND DAT			20b. PLACE AND DATE	OF DISPOSITION (Name of			OATE 20c. LOCATION — City or Town, Stefa A rlington, Virginia					
22. NAME AND ADDRESS OF FACILITY							itchell-Wi	edef	eld	Home)	

CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO DF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetiant 2 ER/Outpetient 3 DOA g Home 5 Pasidence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b, TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural М 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide S Could not be determined 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and placa, and due to the cause(a) and manner as stated.

Osler Drive Towson, Maryland 21204

on end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

29c. LICENSE NUMBER

23. PART I. Enter the disesses, or complications that ceused the deeth. Do not enter the mode of dying, such se cerdiac or respiratory arrest, shock, or heart fellure. List only one/ceuse on each line.

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DUE TO OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

MD

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

GULL TUNGEN AND STREET

Diaz 7401

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year)

12/13/93

Approximate Interval Betwe

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Nours after death, Page 6 may be retained by the hospital or attending phy	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burn	- dia
RA	REC	-

36328 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	2	STATE OF MA	CEI	RTIFICAT	E OF	DEATH		REG. NO		3	
	1. DECEDENT'S NAME (First, Mick							2. DAT	E OF DEATH	MY Y	YEAR	3. TIME OF DEATH
	James Pat	rick	McCar	ty					ember		93	7:00
	4. SOCIAL SECURITY NUMBER 212-50-9189		SEX 6.	AGE (In yrs. lest b	YRS. IF UND	ER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	E OF BIRTH 11h, Day, Year)		Country)	
~	9a. FACILITY NAME (If not instituti	ilon, give atreet	and number)	40	9b. CI	TY, TOWN O	OR LOCATION OF D		13/4/	9c. COUNT		yland ATH
DIRECTOR	Washington Co	ounty F	Hospital				stown			Wash		
	Maryland	Washir	ngton		Hancoc	k						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	1.4109 Round T	Top Roa	ad			101.	21 7 50			USA	N OF WI	IAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 K Merr 3 Widowed 4 Divorced	ried	was decedent erforces? 1 12 if yes, give war 1965-19	YES 2 NO		. If yes, spe	ENDENT OF HISPA ecity Cuban, Maxico 2 XNO Special	an, Puert		s or No- 14	Black, Specify	American Indian, White, etc.
ETED.	15. DECEDEN (Specify only high Elementary/Secondary (0-12)			(Give	DENT'S USUAL kind of work don o NOT use retired	e during mos	ON st of working	1	b. KIND OF BU	SINESS/INDUS	STRY	WILLOC
APL	12			Plant	Inspe	ctor			State (Govern	ment	
COMPL	17. FATHER'S NAME (First, Middle,						16. MOTHER'S NA					
ш	Robert E. McC	Carty.	Sr.				Helen V	V. H	enry			
TO B	19a, INFORMANT'S NAME (Type/P	Print)		19b. I	MAILING ADDRE	SS (Street ar	nd Number or Rural	Route Nu	mber, City or Tov	vn, Stete, Zip C	ode)	
F	Francine E. M			141	LO9 Rou	nd To	p Road I	Hanc	ock, M	arylan	d	21750
	20a. METHOD OF DISPOSITION 1 & Burlet 2 Cremetion 3	3 - Ramoval	from State		D DATE OF DISPO					DCATION — CH	y or Tow	n, Stata
	4 Donation S Other (Spec	icity)		St.Paul			Cem. 12		3 Han	cock,	Mary	land 217
	21. NIGNATURE OF FUNERAL'SE	RVICE LICENS	EE					ACH ITY				
	23. PART I. Enter the disease ahook, or heart IMMEDIATE CAUSE (Final disease or condition	sea, or comp fallure. List	plications that co	eused tha deat on each line.	h. Do not anto	ove F.	de of dying, aud	lain S	rdiac or reap	elratory arrea	it,	Approximate Interval Bate
TIFICATION	ahock, or heart IMMEDIATE CAUSE (Final	a	DUE TO (OR	eused the deat on each line. R AS A CONSEQU R AS A CONSEQU	h. Do not anto	ove F.	.H.141 W.M	lain S	St.P.O.B rdlac or reap	elratory arrea	it,	Approximate Interval Baty
IN: MEDICAL CERTIFICATION	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	addconditions co	DUE TO (OR DUE TO (OR DUE TO (OR	R AS A CONSEQUER AS A	h. Do not anto	When	.H.141 W.M. de of dying, auc	Vain S	rdiac or reap	AUTOPSY RMEO?	24b. \	Approximate Interval Baty Onset and D
: MEDICAL CE	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST PART II Other significant of	a	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR	R AS A CONSEQUENT AS A CONSEQU	ENCE OF):	when when any or the mood with a mood of the mood of t	.H.141 W.M. de of dying, auc	Ain S	24a. WAS APPERFO	AUTOPSY RMEO?	24b. \	Approximate Interval Batt Onset and E Onse
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BY PHYSICIAN: MEDICAL CE	ahock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II Other algnificant or EXAMINER? 1 YES 2 NO 25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend 2 Accident Invest	a	DUE TO (OR DUE TO	R AS A CONSEQUENT AS A CONSEQU	ENCE OF): ENCE OF): ENCE OF): ENCE OF): MUlting in that a local distribution of the local di	underlying 28. PL ER: WO WO 1 □ Y	H. 141 W.M. de of dying, auc g cause given in ACE OF DEATH (C/ 6 5 Residence URY AT RK7 ES 2 NO	Part I.	24a. WAS AN PERFO 1 YES :	A AUTOPSY RMEO? 2 M NO	24b. \	Approximate Interval Batt Onset and E Onse
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	FOR STATE REGISTRAR		STATE OF M	IARYLAN			HEALTH AND	MENT	AL HYGIEN REG. NO	9 - 1.	-30	0329
	1. DECEDENT'S NAME (FILE PC) 4. SOCIAL SECURITY NUMBER 1	cqu	1 1	Kar 6. AGE (In y	rrs. lest birthday)	Melv IF UNDER 1 YEAR		MON 5. 7. DAT	E OF DEATH D O O O O O O O O O O O O	7 19	9.3	TIME OF DEATH A 4'. 10 M ACE (State or Foreign
_	9a. FACILITY NAME (# not				YRS.		N OR LOCATION OF	DEATH	lov. 7	1993 9c. COUNT		тн
DIRECTOR	Harford RESIDENCE OF DI			1	10c. CT	Havre	de Gra	ce		Har	ford	d. INSIDE CITY
	MD 100. STREET AND NUMBE	Hari	ord		На		e Grace	, MD		10g. CITIZE	17	LIMITS? YES 2 NO
FUNERAL	845 Erie	St.	12. WAS DECEDENT	T EVER IN U.	S. ARMED	13. WAS D	21078		HN? (Specify Ye	a or No 14	USA	American Indian,
BY	1 Never Married 2 [3 Widowed 4 Di		FORCES? 1			If yes,	specify Cuban, Me				Black, W Specify:	Black
COMPLETED		ECEDENT'S ED only highest grad (0-12)			(Give kind of ille. Do NOT u	B USUAL OCCUPA work done during rise retired.)	TION most of working	10	Sb. KIND OF BU	SINESS/INDUS	ITRY	57
BE COMPL	17. FATHER'S NAME (First, Pacquin		n, Sr						Middle, Maiden		E	
TO BE	19a. INFORMANT'S NAME Romaine N	Melvir	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or R 845 Erie St. Havre de Gra									
	20a. METHOD OF DISPOS 20 Burlel 2 Crema 4 Donation 6 Oth	tion 3 Reportly)			DATE OF DISPOSITION (Name of Havre					le Gi	race, MD	
	21. SIGNATURE F FUNE	4/	Lelle-	1		P.0	old Bea	88 H	lavre	de Gr	ace	
TION	23. PART I. Enter the ehock, or iMMEDIATE CAUSE (if disease or condition resulting in death) Sequentially list conditioning any, leading to imm	heart fallure	a. Cand DUE TO	OR AS A CO	pical		alling		rdiac or reap	iratory arres	ε,	Approximate Interval Between Onset and Dasth 30 - Yom: 40 - Com:
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST d. d.											
MEDICAL	PART II. Other signifi	cant condition	ns contributing to	deeth but	not resulting	in the underly	ing ceuse given	in Part I.	24a. WAS AN PERFO	RMED?	CO OF	ERE AUTOPSY FINDINGS RILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	TO MEDICAL	HOSPITAL:	ER/Outpatie	ent 3 🗆 DOA	OTHER:	PLACE OF DEATH		or and			
		Pending	28a. DATE OF (Month, De		26b. Til	JURY	NJURY AT WORK? YES 2 NO	28d. D	EŞCRIBE HOW	INJURY OCCU	RED	
03	2 Accident 3 Suicide 6 4 Homicide	28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Numb								and Number or)	Rural Route	e Number,
COMPLET	anal .		SICIAN: To the best of IER: On the bests of ax									nd manner ea atated.
TO BE COI	29b. SIGNATURE AND TIT	l Hur	y M	M	m	2	29c. LICENSE	NUMBER	7	29d. DATE S	HIP 9	onth, Day, Year)
	10. NAME AND ADDRESS	Bel	Ail Aue	-, A	Den 1		mo 2	100,		410-2	12-	-3377
	MM 1.8.33	ny, Year)	Frein Davidson	A-Rand	JRE LEGG							17-31

		REGISTRAR		CERTIF	ICATE OF	DEATH	REG. N	10.			
		1. DECEDENT'S NAME (Figt, Middle, Last)	Celia L. I		ncin	i	2. DATE OF DEATH DECEMBER	DAY 8 198	93	TIME OF DEATH	16 M
29		215-18-3600	1 M 2 AF	(In yrs. lest birthdey) 83 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 MRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLAC Country)	CE (State or For	wign
3 should	_	9a. FACILITY NAME (If not institution, give stre			9b. CITY, TOWN	OR LOCATION OF D		9c. COUNTY		Name of Street, or other Designation of the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, w	
1, 2,	DIRECTOR	Good Samaritan Hos	spital			ore City					
Pages	HE	10a. STATE 10b. COUNTY		A251 100	Y, TOWN OR LOCA				10d.	INSIDE CITY	
THE THE		100. STREET AND NUMBER	•	Bal	timore	City M. ZIP CODE		AL OUTST		YES 2 W	NO
020 physician. burial-transit permit. Pages	FUNERAL	4019 Biddison Lane				21206		U. S.	N OF WHAT	COUNTRY7	
1215-0020 or attending physician. r use as the burial-tran	BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes, sp	CENDENT OF HISPA pecify Cuban, Maxic S 2 NO Specif	NIC ORIGIN? (Specify an, Puerto Rican, etc.) fy:	Yes or No- 14	I. RACE — A Black, Whi Specify:	American Indiar ita, etc.	n,
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AND 2 the hospital detached fo	COMPL	5		House	Wife		Ноже				_
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ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	/ 1	2. NAME A	ND ADORESS OF FA	CILITY		S. MIL	y mole	
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6 3 % a	7	23. PART I. Enter the diseases, or co shock, or heart failure. Li	mplications that cause	d the geath. Do n	ot anter tha mo	ode of dying, aud	Avenue E	apiratory arrest	aryla	Approximat	te
		shock, or heart failure. Li					1 1	0 -		Interval Bet Onset and	
14 7 2 2		disease or condition resulting in death)	Acut	e My	pain	al	lufax	non	į	1 Lan	1
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or cian	¥	if any, leading to immediate cause. Enter UNDERLYING	oor to ton as a	CONSEQUENCE OF	7.						
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S = = =	ပ	PART II. Other algnificant conditions	contributing to death b	out not resulting i	n the undarivin	O cause diven in	Port i 240 MAS	AN AUTOPSY	245 WED	E AUTOPSY FINE	DALOS.
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O 뜻 라를 함	ВУ РН	27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TiMi	URY WO	URY AT ORK? YES 2 NO	28d. DESCRIBE NOV	V INJURY OCCUR	IED		
0 0 4 0 0	8	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	treet, factory, offic	8	28t, LOCATION (Street City or Town, Ste	st and Number or F	Rurel Floute h	Vumber,	
DIVISION ATTENDON'S After Hours after Item 28	COMPLET	29a. CERTIFIER 1X CERTIFYING PHYSICIA	AN: To the best of my knowl	lados desth con-	d at the time date	and alass and day					_
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2 2 4		29b. SIGNATURE AND TITLE OF CONTIFIER				29c. LICENSTONUI		29d. DATE SI			
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	THE HO	O THE FUN	filed with	MPORTA

36331 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	SIAIE OF MARYL		MENT OF HE		MENTAL HYGIEI REG. NO	-	36331			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATN			
	Frances	L	MAT	RSHALL		December	9 199°				
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE ((In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8.8	IRTHPLACE (State or Foreign ountry)			
	578-26-7449 De. FACILITY NAME (If not institution, give str		79 YRS.	ONTHS DAYS	LOCATION OF DI	April 10,	The second secon	irginia			
DIRECTOR	Franklin Square H	ospital		Rossvil	le	Balt	imore				
E I	10a. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATIO	in			10d. INSIDE CITY LIMITS?			
	Maryland Baltim	ore	Essex		ZIP CDDE		10g, CITIZEN	1 YES 2 NO			
FUNERAL	1000 Franklin Ave	ane Ant. 12	206		21221		11 0				
3	11. MARITAL STATUS	12. WAS DECEDENT EVER II		13. WAS DECEN	NDENT OF NISPA	NIC ORIGIN? (Specify Y	e or No— 14. I	RACE — American Indian,			
BY F	1 Never Merried 2 Merried 3 Widowed 4 Divorced	2 STNO		NO Specif	nn, Puerto Ricen, etc.) y:		Specify:				
ED	15. DECEDENT'S EDUCA		16a. DECEDENT'S US	SUAL OCCUPATION		16b. KIND OF BI	JSINESS/INDUSTI				
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	rk done during most retired.)	of working						
COMPL	8		Mouse Wi	ife	1-50	Home					
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melde	n Sumame)				
BE	Meary Carrison				Mary	Viar					
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILINO AC	DORESS (Street and	Number or Rural	Route Number, City or To	wn, State, Zip Code)			
-		dison	2230 E	la ut horn	e Road			ryland 21220			
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remove	vai from State Car	PEACE AND DATE OF	r piscel			OCATION — City				
	4 Donation 5 Other (Specify)	- Ro	lly Hill	Hom. Gar	rd. 12/1	11/93 Bal	timers	County Md.			
	21. SIGNATURE OF FUNERAL SERVICE LICE	111	1110	Bruzdz	ADDRESS OF FA	uneral No.	me PA				
	Maken	1150	Shall	The second secon		-	the state of the s	ryland 21221			
	23. PART I. Enter the diseases, or co	emplications that cause	the deeth. Do not	enter the mode	of dying, suc	h ea cerdlec or ree	olratory arrest,	Approximate			
	ahock, or heart failure, L IMMEDIATE CAUSE (Final	ist only-effe cause ety o	aigh line.					Interval Between Onset end Deeth			
	disease or condition	Pleural Ei	fusion								
	resoning in death)	DUE TO (DR AS /	CONSEQUENCE OF):								
Z	Sequentially list conditions, b.	Cachexia									
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100	that initiated events resulting in death) LAST		d								
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			ut not reaulting in	the underlying of	cause given in			24b. WERE AUTOPSY FINDINGS			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLABERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2	of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
STAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours a	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	n. 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or rem	i. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the media
TO THE HOS	TO THE FLAS	be filed with	IMPORTAN

1. DECEDENT'S NAME (First, Middle, Lest)			Alic	ha	160	DEAT		2. DATE	OF DEATH	(Y) .	YEAR		OF DEATH
4. SOCIAL SECURITY NUMBER	5, SEX	0.100.0	1010	110	1001	1				5 1	193		2001
212-09-5867	5. SEX 1√2×M 2 □ F	8. AGE (In yrs. 81	YRS.	MONTHS	DAYB	HOURS	24 HRS. MIN.	7. DATE (OF BIRTH		8. BIPT	HPLACE (State or Foreign
9e. FACILITY NAME (If not institution, give a		01	1110.	9h CIT	Y, TOWN O	B LOCATIO	N OF DE		J	9c, COUNTY OF DEATH			
		7. T					N OI DL	^,,,		9c. COUNTY OF DEATH			
CHURCH HOME	HOSPIT	AL		BALTO									
10a. STATE 10b. COUNT	1		10000		OR LOCATI	ION						LI	SIDE CITY AITS?
MD	BA	LTO									ES 2 NO		
10e. STREET AND NUMBER	77 3 3 7 7 7				10f.	ZIP CODE						WHAT CO	UNTRY?
2801 WALBROO							216				JS		
1 Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	X YES 2				city Cubar	ı, Mexicar	n, Puerto F	? (Specify Yea lican, etc.)	or No-	Blac	ck, White, clly:	rican indian, etc.
15. DECEDENT'S EDU (Specify only highest grade		16a.	DECEDENT'S	USUAL C	OCCUPATIO	N N		16b.	KIND OF BUS	BINESS/IN	DUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5	")	(Give kind of life. Do NOT u				9						
7TH			CRANE	OP	ERAT	ror		I	OMINO	0 5	SUGA	AR.	
17. FATHER'S NAME (First, Middle, Last)									fiddle, Maiden				
WILLIAM NICHO	LSON						ELL.		MORT				
19a. INFORMANT'S NAME (Type/Print)									er, City or Town		(ip Code)		
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and/or investigation, in my opinion, death occured at the time, data and place, and due to the 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

B DEC 93 29c. LICENSE NUMBER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DR LAKHANI 7220 Park Heights Avenue, Balto, MD21208 31. DATE FILED (Month, Day, Volar) 32. REGISTRAR'S SIGNATURE	COMPLE	(Check ont) 1 CERTIFYING PHYSIC one) 2 MEDICAL EXAMINER	R: On the basis of examination	on end/or investigation, in m	y opinion, avail, occurred at a			
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31. DATE FILED (Month, Day, Year) 4 32. REGISTRAR'S SIGNATURE	BE	(Check onl) 11 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	3: On the basis of examination	- m)		NUMBER 595	29d. DATE SIGN	BED (Morth, Day, War)
	BE	(Check onl) 11 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)	290 LICENSE N	595	12/	T 93
I I I I I I I I I I I I I I I I I I I	BE	(Check only 11 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO DR LAKHANI	3: On the basis of examination of the basis of examination of the basis of the complete Cause of the complete Cause of the cause of the	EATH (ITEM 27) (Type, Print) 20 Park H	290 LICENSE N	595	12/	T 93

		4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDER I	YEAR DAYS	IF UNDER 2	24 HRS. 7	Month, Day,	Year)	Country)	LACE (State or Foreign
Pinc	1	Se. FACILITY NAME (If not institution		1	1110.	Oh CITY	TOWAL C	OR LOCATIO	NI OF DEAT		5-62	Virg	
3 should	Œ	Shady Grove Ad		anital					N OF DEAT	н			ATH
2	ECTOR	RESIDENCE OF DECEDER		spitai		Roc	KVI.	rie			N/A	<u> </u>	
Pages 1.	DIREC	Control of the contro	ontgomery			ither							10d, INSIDE CITY LIMITS?
permit		100. STREET AND NUMBER	nicgomery		Ga	Luier	-7						1 YES 2 XNO
· 5	FERAL	9300 Sparrow Va	lley Drive			100		20879			109. CITIZEN OF WHAT COUNTRY? USA		
AND 21215-0020 the hospital or attending physician. detached for use as the bunial-transit once.	BY FUN	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.S 1 YES 2 WAR OR DATES	NO	- 11	yes, sp	ecify Cuban	F HISPANIC n, Mexican, I Specify:	ORIGIN? (Spe Puerto Ricen,	etc.)	14. RACE Black, Specify	- American Indian, White, etc.
1215 r attend use as	ED	15. DECEDENT (Specify only highes	'S EDUCATION	164	DECEOENT'S						OF BUSINESS/II		
21 21 21 21 21	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	i +)	life. Do NOT u	ise retired.)	ning mo	at or working			rtment		
AND he hospit detached	MP	12		Ac	dminist	trativ	re P	Assis	tant	and	Human S	ervice	es
RYLAND ed by the hospit uld be detached ed at once.	00	17. FATHER'S NAME (First, Middle, Li									Maiden Sumame)		
2 8 8 E	14.5	Lloyd V. Nash,						Phy	llis	Ferri	S		
MAR retained to 5 should notified	10	19a. INFORMANT'S NAME (Type/Prin	*								y or Town, State, 2		
De 5	F	Lloyd V. Nash,	Sr.		944 (Guyano	dott	t Ave	., Mu	ıllens	, WV 25	882	
ORE, ector, page must be		20a. METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 4 Donation 6 Other (Specific		cemeter	ACE AND DATE	other place)			- 12/		20c. LOCATION -		
Page		21. SIGNATURE OF EUNERAL SERV		- ISuns	set Mei	IIOF La.	AME AN	ALCEN:	S J //	TY M111	inc	1CKSDI	on Fun. Se
BALTIMORE after death. Page 6 may by the funeral director, pa moval.		*//alk	211	1/x		16	21	Jeffe	erson	Davis VA 2	Hwy.	.nonps	on run. Se
PHYSICIAN: The law requires that the death certificate be executed within ours after this certificate has been signed by the attending physician and completely filled in by the with the State Dett. or health and Mental Hygiene prior to bunial, cremation, or removal mixed, or litem 23 shows any Injury, or other tranmatic event, the medical is	HYSICIAN: MEDICAL CERTIFIC	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant cor MALUURI PAUCYTO 25. WAS CASE REFERRED TO MEDIE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	a. Hyce b. Academic of the second of the sec	O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO) O (OR AS A CO)	Ine. NAT REPLICE FOR SECUENCE CO NECUENCE	OTHER A DIP:	VIL	UFE NO d g cause gi	INTERIOR IN PA	ACELLO ACELLO CI QUI art I. 24a. 1 1	WITH CY SYA WAS AN AUTOPS PERFORMED? YES 2 XNO	AROM Y 246.	Approximate Interval Between Conset and Deat Up and
O 돌 등을 3	BY Ph	I Natural 5 Pendin 2 Accident Investig	(Month,	Day, Year)		JURY M	WO	PRK?		OG. DESCHIBE	. HOW INJURY O	CCUMED	
TTENDI TTENDI TTOR: A after de		3 Suicide 8 Could a Could determine	not be building	OF INJURY — / p, etc. (Specify)	At home, farm,	street, facto	ry, offic	•	2	6f. LOCATION City or Town	(Street and Numb n, State)	er or Rural Ro	oute Number,
DIV DSPITAL OR A FLIMERAL DIREC WITHIN 72 hours	1 14 1		PHYSICIAN: To the best of										and manner as stated.
0	BE	296. SIGNATURE AND TITLE OF CA	11/10	Vau	11 K	ip		D	35°	404	•	17-1	(Month, Day, Year) 8-93
0	10	30. NAME AND ADDRESS OF FERE	A SAUR	SE OF OEATH	17-15 P	e, Print) HED	.07	R. I	DR.	#201	, Rock	cu, 1/e	HD
10		TO THINGE	11- 21100						1				C1820

INCEN:

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

NASH, JR.

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

DEC 14 1993

oyal

93 36333

3. TIME OF DEATH 93 1630 / 8. BIRTHPLACE (State or Foreign

Thompson Fun. Serv.

Approximate Interval Between Onset and Death

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1630 he

REG. NO. 2. DATE OF DEATH MONTH DAY

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M						MENTAL HYGIE	NE	93	36335
1	1. DECEDENT'S NAME (First, Middle, Last) Harriet Virginia	Ostendor		EHILF	CATE OF	DEAI	Н	2. DATE OF DEATH DECEMBER		1993 ^{AR}	3. TIME OF DEATH 1:40 P. M
	4. SOCIAL SECURITY NUMBER 220-52-3209 90. FACILITY NAME (If not institution, give s	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN C	IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year) August 12,	1912		PLACE (State or Foreign
TOR	221 Northern Parkway Apt. A. Baltimore City									EATH	
DIRECTOR	Maryland 106. COUNT			Ba	town on Local	City					10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 221 E. Northern F	ot. A.			. ZIP CODE			10g. C	U.S	·A.	
ВУ	11. MARITAL STATUS 1 Nover Married 2 Merried 3 X Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, I YES 2 NO 1 YES 2					, Mexicer	n, Puerto Rican, etc.)	es or No-	Black	— American Indian, i, White, atc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 yrs.	CATION completed) College (1-4 or 5 +)	(Gi	CEDENT'S Ive kind of v Do NOT us		ON st of working		Own H			
BE CON	17. FATHER'S NAME (First, Middle, Last) Elmer Roundtree 190. INFORMANT'S NAME (Type/Print)	King				Han	mah			Re	oemer
5	Victor L. Covey							hoenix, M			1131
	20e. METHOD OF DISPOSITION 1	oval from State	cametery, crei	metory or of	F DISPOSITION (Na her place)		1 ~~~			- City or To	Contract Con
	21. SIGNATURE OF FUNERAL SERVICE LIC	1	hill	Cert	Mitc	hell-	Wie	14, 1998 Pa	me		
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory arrest, abock, or heert fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due To (or As A Consequence on:										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algnificent condition	a contributing to o	leath but not re	esulting l	the underlying) cause giv	ven in i	Part i. 24e. WAS A PERFO	RMED?	7 24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	EB/Outhortlant 2		OTHER:	ACE OF DEA		ck only one)			
	27. MANNER OF DEATN 1 X Natural 5 Pending	28e. DATE OF II (Month, Day	JURY	286. TIME	OF 28c. INJI	JRY AT RK?		28d. DESCRIBE HOW	INJURY O	CCURED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined	28e. PLACE OF building, a	INJURY — At hor ic. (Specify)	ne, ferm, s	M 1 1	ES 2	NO	281. LOCATION (Street City or Town, State	end Numb	er or Rural R	oute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 X CERTIFYINO PHYSI 2 MEDICAL EXAMINE										and manner as stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES 30. NAME AND ADDRESS OF PERSON WH	N. E.	de			29c. LICEN		BER			(Month, Day, Year)

gradus standage standage.

31. DATE ELLED (Aponth Posy 1993

93 36336 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - FOR STATE REGISTRAR	STATE OF MARYI		MENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	93	36336
10	1. DECEDENT'S NAME (First, Middle, La	st)			2, DATE OF DEATH	YEAR	3. TIME OF DEATH
1		Peales				1993	M
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HRS	. 7. DATE OF BIRTN (Month, Day, Year)		THPLACE (State or Foreign ntry)
3	248-42-1783	1 K M 2 🗆 F	72 YRS.		01/21/21		outh Carolina
~	Sa. FACILITY NAME (If not institution, gi	re street and number)	94	CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF	DEATN
5	3025 Alabama 7	Avenue		Baltimore Hig	hlands	Baltim	ore
DIRECTOR	10a. STATE 10b. COU	NTY	10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY
PIG	MD Ba	altimore		Baltimore Hi	ghlands		LIMITS?
	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
ER/	3025 Alabama 2	Avenue		2122	7	USA	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF NISI		or No- 14. RA	CE — American Indian,
	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1 X YES	DATES	If yes, specify Cuban, Mex			ick, White, etc.
ВУ		1941-194	15			W	hite
COMPLETED	15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a, DECEDENT'S US (Give kind of work	done during most of working	166. KIND OF BUSI	NESS/INDUSTRY	
Ę	Elementary/Secondary (0-12)	College (1-4 or 5 +)	ille. Do NOT use n	etired.)			40 Land 18
M P	4TH	0	Laborer		Mfg.		
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S	NAME (First, Middle, Meiden S	iurname)	
BE	Lloyd Peele				a Tager		
0	19a. INFORMANT'S NAME (Type/Print)		196. MAJLING AD	DRESS (Street and Number or Rui	al Route Number, City or Town,	State, Zip Code)	
	Garnette Petri	1CCV	3025	Alabama Avenue			
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 R	amoval from Stata 20	b. PLACE AND DATE OF I	DISPOSITION (Name of place).		ATION — City or	
	4 Donation 5 Other (Specify)		Cedar Hil	1 Cemetery			n Park, Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE)()				of Lansdowne
	1	T =	- Ne	2719 Hammon	nds Fr. Rd.	Lansdow	ne, Md. 21227
	23. PART I. Enter the diseases,	or complications that cause re. List only one cause on a	d the death. Do not	enter the mode of dying, s	uch as cardisc or respir	atory arrest,	Approximate
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. High (DUE TO (OR AS	22	stocy tuna	in the Br	417	Interval Between Onset and Death
SA!	cause. Enter UNDERLYING						
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				
ᇤ	resulting in death) LAST	d					
2	PART II. Other significant condit	lone contribution to death	huit nat annulalan la i				
PHYSICIAN: MEDICAL	TATE IS OTHER SYMMETRIC CONTRACT	ions contributing to death t	out not resulting in t	na underlying cause given	In Part I. 24a, WAS AN A PERFORM	AED?	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	Check only seel		
[등	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER:			
5	1 120 2 (120)	284. DATE OF INJURY	28b. TIME C	Nursing Home 5 Residence F 28c, INJURY AT	28d. DESCRIBE NOW IN	JURY OCCURED	
I	27, MANNER OF DEATH						
PH /	1 Netural 5 Pending	(Month, Day, Year)	INJUR	Y WORK?	200. DESCRIBE NOW IN		4-4-17
ВУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	WORK? M 1 YES 2 NO		nd Number or Rura	I Route Number
ED BY	1 Netural 5 Pending	(Month, Day, Year) on 28s. PLACE OF INJUR building, stc. (So	Y Al home, ferm, stre	WORK? M 1 YES 2 NO	281. LOCATION (Street ar City or Town, State)	nd Number or Rura	l Route Number,
ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not 4 Homicide determined	(Month, Day, Year) on 28a. PLACE OF INJUR building, atc. (Spe	Y — At home, ferm, stre	WORK? M 1 YES 2 NO et, factory, offica	28f, LOCATION (Street an City or Town, State)		I Route Number,
ED BY	1 Netural 5 Pending Investigation Suicide 4 Homicide Pending Investigation Suicide Suici	(Month, Day, Year) 28a. PLACE OF INJUR building, atc. (Spa	Y — Al home, ferm, stre	WORK? M 1 YES 2 NO et, factory, offica	281. LOCATION (Street ar City or Town, State)	ner as stated.	
ED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 8 Could not determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM	(Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spa YSICIAN: To the best of my know INER: On the best of axamination	Y — Al home, farm, stre city) wledge, death occurred a on and/or investigation,	WORK? M 1 YES 2 NO et, factory, offica	281. LOCATION (Street ar City or Town, State)	ner as stated.	
E COMPLETED BY	1 Netural 5 Pending Investigation Suicide 4 Homicide Pending Investigation Suicide Suici	(Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spa YSICIAN: To the best of my know INER: On the best of axamination	Y — Al home, ferm, stre	WORK? M 1 YES 2 NO et, factory, offica	28f. LOCATION (Street ar City or Yown, State) tue to the cause(a) and ment the time, date and place, and	ner as stated. due to the cause	
BE COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only onle) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only onle)	(Month, Day, Year) 28a. PLACE OF INJUR building, atc. (Spa YSICIAN: To the best of my know INER: On the best of axamination	Y — Al home, farm, stre colly) wiedge, death occurred a on and/or investigation, i	WORK? 1 VES 2 NO et, factory, offica at the time, date and placa, and con my opinion, death occurred at the time of the time.	28f. LOCATION (Street ar City or Yown, State) tue to the cause(a) and ment the time, date and place, and	ner as stated.	r(e) and menner as stated.
E COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only one) 2 MEDICAL EXAM 30. NAME AND ADDRESS OF PERSON	(Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spa YSICIAN: To the best of my know INER: On the best of axamination WNO COMPLETED CAUSE OF Di	Y — Al home, farm, stre colly) wiedge, death occurred a on and/or investigation, i	WORK? 1 VES 2 NO st, factory, office at the time, date and place, and con my opinion, death occured at the control of the c	28f. LOCATION (Street ar City or Town, State) tue to the cause(a) and meni the time, date and place, and IUMBER	ner as stated. due to the cause	r(e) and menner as stated.
BE COMPLETED BY	1 Netural 2 Accident 3 Suicide 4 Homicide 29a. CERTIFIER (Check only onle) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFIER (Check only onle)	(Month, Day, Year) 28a. PLACE OF INJUR building, stc. (Spa YSICIAN: To the best of my know INER: On the best of axamination WNO COMPLETED CAUSE OF Di	wiedge, deeth occurred in and/or investigation, in and/or investigation	WORK? 1 VES 2 NO et, factory, offica at the time, date and placa, and con my opinion, death occurred at the time of the time.	28f. LOCATION (Street ar City or Town, State) tue to the cause(a) and meni the time, date and place, and IUMBER	ner as stated. due to the cause	r(e) and menner as stated.

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Z4 hours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached from the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
10	10 mg	IMP	

30. NAME ARQ ADDRESS OF PERSON WHO COME
RZYMOND PIOCK
31. DATE FILED (Month, Day, Year)

	FOR 1 - STATE		STATE OF N							MENTAL HYGIE	-	3	36337.
	REGISTRAR 1. DECEDENT'S NAME (First, A		PETERS	5.44	ERTIF	ICAI	E UF	DEA	Н	REG. N 2. DATE OF DEATH MONTH	DAY	YEAR	L TIME OF DEATH
	SEORGE 4. SOCIAL SECURITY NUMBER		5. SEX		t full slavel	1				101		73	1:45000
		H	1000	6. AGE (In yrs. les	st birthday) YRS.	MONTHS	R 1 YEAR DAYS	HOURS	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	
	216-12-5236		1 M 2 D F	72	THS.					12/28/20			/land
~	Se. FACILITY NAME (If not insti						Y, TOWN C			EATH	9c. COUN	TY OF DEA	тн
0	St. Agnes Ho	ospita	al	G.	house	Ba	ltim	ore (City				
DIRECTOR		10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	ION				1	0d. INSIDE CITY LIMITS?
	Maryland	Balt:	imore		Ca	aton	svil	le				1	YES 2 NO
AL	10e. STREET AND NUMBER						_	ZIP CODI	E		10g. CITIZ	EN OF WH	AT COUNTRY?
EB	2319 Rockwell	11 Ave	enue					21.228	3		II:	SA	
FUNERAL	11, MARITAL STATUS		12. WAS DECEDENT			13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN? (Specify		14 BACE -	- American Indian,
	1 Never Married 2 X M		FORCES? 1	X YES 2 1	NO			2 NO		in, Puerto Rican, etc.)		Black, \ Specify:	White, atc.
BY	3 Widowed 4 Divorc	ted						. W	0,000			Opening.	white
COMPLETED	15. DECEI (Specify only)	DENT'S EDU			ECEDENT'S					16b. KIND OF I	USINESS/INDU	JSTRY	
m.	Elementary/Secondary (0-1		College (1-4 or 5 +	H/a	Sive kind of a. Do NOT u	work done se retired.)	dunng mu	st of worter	10	1			
IP.					lant	Mana	ager			Commu	nication	ons	
OS	17. FATHER'S NAME (First, Mide	idle, Lest)						16, MOTI	HER'S NA	ME (First, Middle, Meio			
	George A. Pe	eters	Jr.						athe	erine Meu	shaw		
BE	190. INFORMANT'S NAME (Typ			19	b. MAILING	ADDRES	S (Street e			Route Number, City or 1		Code)	
2	Genevieve M.	. Pete	ers							Catonsvi			and 21228
	200. METHOD OF DISPOSITIO			20b. PLACE					140,		LOCATION - C		
	1 Burial 2 Cremation 4 Donation 5 Other (S	3 🗆 Rem	loval from State	cemetery cre	ematory or o	ther place	h Cr	amat.	OF17	12/12/93	Taurol	Marina ku	i, blue
	21. SIGNATURE OF FUNERAL	* **	CENSES	Daici	LIIOLC	22	NAME AN	Ellia L	OT A	TK/ TZ/ 33	Ldulei	, Ma.	ryland
	6)6	2	6		D	Ar	nbros	se Fu	mera	al Home, Spr. Rd.	Inc.	Ma	1 21227
	23. PART . Enter the dis-	eeses, or	complications that	coursed the di	neth Do	not ente	the mo	de of da	IUL .	becoming as m	ALDULU	S, MC	
1	shock, or her	ert fellure.	List only one caus	se on each line	ð.	not ento	T tilly into	ae or oy.	ny, wo	n ee cardiac of le	piratory arre	rat,	Approximate Interval Between Onset and Death
	disease or condition resulting in death)	*	. Renz	1 Fa.	lure								74245
	resulting in death)		DUE TO	OR AS A CONSE	OUENCE O	F):							1-
z.		-	. Con	arti	ise	14	221	-	T= 2	iluse			1284245
0	Sequentistly list condition if any, leading to immediately		DUE TO	OR AS A CONSE	OUENCE O	F):		,		.000			1
3	cause. Enter UNDERLYIN	iG)	a My	102-1	12/	F	nt	210	10	7			128 days
Ē	CAUSE (Disesse or Injury that initiated events	'	DUE TO	OR AS A CONSE	OUENCE O	r):							1-
CERTIFICATION	resulting in death) LAST		1 601	DN:	11	1	n	tern	1 1	1.4.2	-		128 1205
2		31.1											
4	PART II. Other significent	t condition	e contributing to	deeth but not i	recuiting	in the u	nderlying	ceuse (given in		AN AUTOPSY ORMED?		PERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										1 _ YES	2 0 40	C	OMPLETION OF CAUSE OF DEATH?
JE											X	1	YES 2 NO
										1 3 3			
A	25. WAS CASE REFERRED TO	MEDICAL					26. PL	ACE OF D	EATH (Ch	eck only one)			
SIC	EXAMINER?		HOSPITAL:	ER/Outpatient 3	- C 2004	OTHE	R:						
4	27. MANNER OF DEATH		26e. DATE OF		28b. TIN		rsing Hom 28c. INJ		sidence	6 Other (Specify) 28d. DESCRIBE HON	**********	- Tana	
	1 Netural 5 P	ending	(Month, De			JURY	WO	AK?	2	28d. DESCRIBE HO	V INJURY OCC	URED	
BY		vestigation	20 21 122 21					'ES 2	NO				
		ould not be	building,	F INJURY — At ho atc. (Specify)	ome, tarm,	atreet, fac	tory, office			261. LOCATION (Stree City or Town, Str		or Rural Rou	ite Number,
	V Holliens				-100						100		
PL	29e. CERTIFIER 1 CERTIF	FYING PHYS	ICIAN: To the best of	my knowledge, de	eath occurr	ed at the	time, date	end place	, end due	to the cause(s) end r	nanner se state	d.	
COMPLETED	one)	AL EXAMINE	ER: On the beels of ex	aminetion end/or	Investigation	on, In my	opinion, d	eath occur	red at the	tima, date end place,	end due to the	cause(e) e	and manner se stated.
	29b. SIGNATURE AND THE	о сфитион	R A					29c. LICE	ENSE NUI	MBFR	29d, DATE	SIGNED (A	Aonth, Day, Year)
B	Xunn H	+//	/ M	. P.				-	23		D 1	2 1 1 1	143
2	30. NAME ARQ ADDRESS OF	DEBROW WA			MA DE /Em	Outed		0)	- ~		1	-1,1	113

M. P.

PLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

3 4 4 9 Wilkens 32. REGISTRAR'S SIGNATURE

TOTHE LUNEAR DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

WHORTAND IN 16th 28 is marked, or 16th 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED

4 Nomicide

	COSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
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	rst, Middle, Leet)					DEATH	2. DATE OF DEATH	MY	YEAR 3. T	IME OF DEATN
KI	CHO		PARK				DECEMBER 1	3, 19	993 1:	
4. SOCIAL SECURITY NUI 215-80-86		5. SEX 1 M 2	76	YRS. MON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	FEBRUARY	917	OREA	CE (State or Foreign
98. FACILITY NAME (II not 214 ST. J	AMES DI				CITY, TOWN	URNIE	DEATH		NE ARUN	
10a. STATE MARYLAND	10b. COUNT	v NNE ARUNDE	L		WN OR LOCA EN BUR	_			200	INSIDE CITY LIMITS? YES 2 NO
10a. STREET AND NUMBE 214 ST. J		RIVE			10	21061		100	ZEN OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Wildowed 4 D		12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WAR	YE8 2 XN	MED IO	If yes, sp		ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)	e or No—	Black, Wh	merican indian, ita, etc.
	ECEDENT'S EDU only highest gradi (0-12)		(G/	CEDENT'S USU the lefth of work Do NOT use ret MEMAKEI	tone during m red.)	ON ost of working	OWN	HOME	USTRY	
17. FATHER'S NAME (First, KYUNG SUN							AME (First, Middle, Meider NAN PARK	Surname)		
19a. INFORMANT'S NAME CHAN JEAN			196	21.4 ST	RESS (Street	S DRIVE	Route Number, City or Tox, GLEN BURN	vn. State, Zip	Code) MARYLAI	ND21061
20s. METHOD OF DISPOS 1 Burisi 2 X Orems 4 Donation 6 Oth	ITION tion 3 - Rem er (Specify)	oval from State		OP SER		eme of	12713 TO	OWSON	MARY	LAND
21. SIONATURE OF FUNE	10	censee n Zum	bour			OND AVEN	NUE, S.W.,			HOME, ,MD.2106
23. PART Enter the shock, as immediate CAUSE (I disease or condition resulting in death)	disesses, or heart fallure.		on sech iins.					piratory arr	est,	Approximate Interval Batwee Onset and Daa
Sequentially list cond if any, leading to imm	YING	C			liomy	entry				
CAUSE (Disesse or In	CAUSE (Disease of Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):									
CAUSE (Disesse or in that initiated events resulting in death) L/	AST	d.			a sometime to the		n Part I 24a Was Al	Y AUTOPSY	24b. WEF	
CAUSE (Disease or in that initiated events	AST	d			e undariyir Nell,		PERFO	PMED2 2 NO	OF I	ME AUTOPSY FINDING LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
CAUSE (Disesse or in that initiated events resulting in death) L/	cont condition	HOSPITAL:		peles	hell.	LACE OF DEATH (O	PERFO	./	OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH?

29a. CERTIFIER (Check only one)

296, SIGNATORE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 1/13/17

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

2106/ 1600 DEC 14 1993

DHMH-16 Rev 1/89

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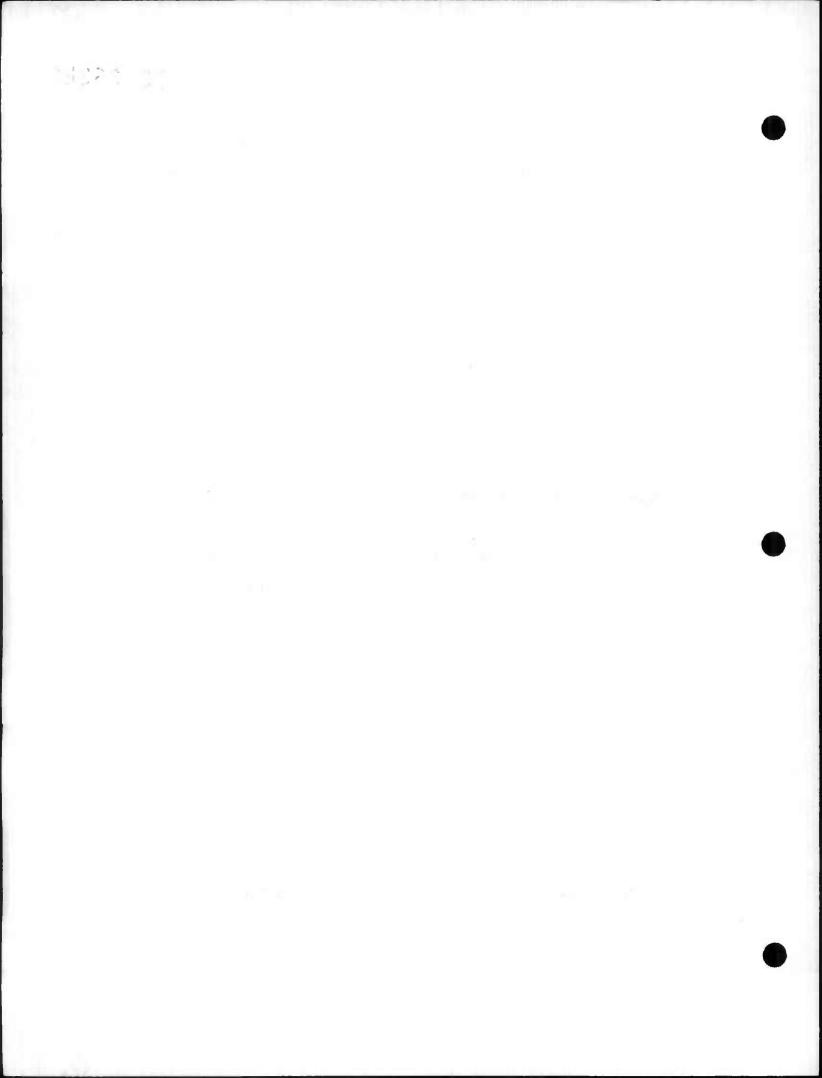
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (Fire ALBERT PAU									1 2	11		93	0022
	4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs.	leat birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF			7 0	HPLACE (State or Foreign
	215-20-724	5	1 X M 2 D F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di	ey; Ybar)	00	Count	(ער
	Se. FACILITY NAME (If not it	natitution, give (street and number)	- 70		9h CITY	TOWN C	OR LOCATI	ON OF DE	09	22	23	NTY OF D	aryland
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5	RESIDENCE OF DE		TILAL			C	UPIDE	KLAN	ע			AL	LEGA	NY
M I	10a. STATE	10b. COUNT	Υ		10c. CI1	TY, TOWN C	OR LOCAT	TION						10d. INSIDE CITY
DIRECTOR	Maryland	Alle	gany Co	ounty	Fr	cost	bur	g						LIMITS?
	10e. STREET AND NUMBER						101	. ZIP COD	E			10g, CIT	IZEN OF	WHAT COUNTRY?
3	171 E. Ma	in St	#4					215	32			US		
FUNERAL	11, MARITAL STATUS		12. WAS DECEDER	NT EVER IN U.S.	ARMED	13. 1	WAS DEC	ENDENT (OF NISPAN	IC ORIGIN? (S	Loocify You	or No-	14. RAC	E — American Indian.
	1 Never Married 2	Married		YES 2 WAR OR DATES	NO	1	If yes, spi	ecify Cuba	in, Mexica	n, Puarto Rica	n, stc.)		Blec	k, White, etc.
B⊀	3 Widowed 4 Div	proed	" 125, 0172	THIN ON DAILS			1 [168	2 [] NO	эреспу	•			Spec	White
ED	15. DEC	CEDENT'S EDU	ICATION	16a, I	DECEDENT'S	USUAL O	CCUPATIO	ON	-	16b. Kill	ND OF BUS	SINESS/INI	DUSTRY	-
<u>-</u>	Elementary/Secondary (nly highest grade	College (1-4 or 5		(Give kind of, life. Do NOT u	work done (ise retired.)	during mo.	st of working	ng					
COMPLET	12	,		"	Line	man				Te l	enha	ne	Com	pany
O	17. FATHER'S NAME (First, A	Aiddle, Lest)			Dane	man		18. MOT	NER'S NAI	ME (First, Midd			COM	pany
	Miles P													
BE	19a. INFORMANT'S NAME (10h MAIL IN	ADDRESS	2 /Otmat n		tle	na I	vey	- Char Ti	- 0-4-1	
2		.,	1-										,	F. 0. 0
	Mrs Mary		n						#4,	Frost				
	1 Buriel 2 Cremeti		noval from State		E AND DATE		HTION (Na	ame of		DATE	20c. LO	CATION —	City or To	own, State
	23. PART I. Enter that shock, or himmediate Cause (Fi	fiscesea, or chaert fallure.	MINE	at caused the cause on sech li	death. Do	6	55W	7.Ba		nores	t,Ba	lto	, MD	2 1 2 0 1 Approximate Interval Bets
	23. PART I. Enter the d shock, or h IMMEDIATE CAUSE (FI	fiscesea, or chaert fallure.	complications the	et caused the	death. Do	6	55W	7.Ba	ltin	nores	t,Ba	lto	, MD	2 1 2 0 1 Approximete
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_		FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		A	YGIENE EG. NO.		340
		1. DECEDENT'S MAME (First, Middle, Last)					2. DATE OF I	DEATH	YEAR 3.1	2:10
Py		4. SOCIAL SECURITY NUMBER 267-94-0571	10 M 2 🗆 F 8	(In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De	HRTH V. Your S/04	Country)	CE (State or Foreign
3 should	Œ	9e. FACILITY NAME (if not institution, give s	ŕ	,		OR LOCATION OF O	EATH	9c. COUN	TY OF DEATH	
5,	20	ST. AGNES HOSPIT			BA	LTIMORE				
permit. Pages	L DIRECTOR	100. STATE 10b. COUNT MARYLAND BY 100. STREET AND NUMBER	ALTIMORE	10c. CIT		ONSVILLE			10	LIMITS? YES 27 NO
isi pe	BAR	313 MONTROSE AVE	NUE		.10	1. ZIP CODE 21228		10g. CiTi	U.S.	
5-0020 Inding physician.	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DO	2 NO	If yes, sp	CENDENT OF HISPA Decify Cuben, Mexico 3 2 NO Special	en, Puerto Ricar ly:		14. RACE — A Black, Wh Specify:	American Indian, lite, etc.
	ED I	15. DECEOENT'S EDU		16a. DECEDENT'S	USUAL OCCUPATE	ON	CUBAN 166, KIN	D OF BUSINESS/IND		WHITE
21 al or for u	LET	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of ville. Do NOT us		ost of working	SE			
YLAND by the hospit be detached at once.	СОМР	17. FATHER'S NAME (First, Middle, Last)						s, Maiden Surname)		
MARYLAND retained by the hospits 5 should be detached notified at once.	BE	JUAN J. PEREZ 19a. INFORMANT'S NAME (Type/Print)		19h MAII ING	ADDRESS /Street		SERRA		- · · ·	
TE, MAR ay be retained page 5 should be notified	5	DR. ALLAN PEREZ	(SON)		ONTROSE	AVENUE C		ity or Town, State, Zip ILLE, MAF 20c. LOCATION — (RYLAND	
HORE e 6 may rector, pa	1	1 Donation 5 Other (Specify)	oval from State	netery, crematory or of JDON PARI	MAUSOL	EUM 12/1	1/93	BALTIMOF		
BALTIMORE, ter death. Page 6 may be the funeral director, page oval.		21. SIGNATURE OF FUNERAL SERVICE LE	LE LE		22. NAME A LEROY	M. & RUS	SELL C	. WITZKE E CATONSV		
within 24 hours af within 24 hours af cremation, or remorement, the medicional contraction of the contractio		23. PART i. Enter the diseases, or ehock, or heert failure. IMMEDIATE CAUSE (Finei disease or condition resulting in death)	List only one cause on e	the deeth. Do rech line. fe My consequence of	ot enter the mo	ode of dying, suc	ch ee cardiac	or respiratory arre		Approximate interval Betwee Onset and Deat
P.O. BOX 68 ath certificate be executionally physician and all Hygiene prior to burn. or other traumatte.	ERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF	ŋ:	y Dis	ease			
ORDS, s that the de ned by the a th and Men any fillury	EDICAL C	PART II. Other significent condition	a contributing to deeth b	ut not resulting i	n the underlyin	g cause given in		. WAS AN AUTOPSY PERFORMED?	COM	NE AUTOPSY FINDINGS ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
REC requires een sign of Hea	Σ						_		1 🗆	YES 2 NO
Z3 ep as	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. P	LACE OF DEATH (CA	eck only one)			
F VIT	YSIC	1 TES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outp	etlent 3 🗆 DOA	OTHER: 4 Nursing Non	ne 5 🗆 Residence	8 - Other (Sp	ecify)		
O KHI STEP	ву Рн	27. MANNER OF DEATN 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIMI INJ	M 1	URY AT DRK? YES 2 NO	28d. DEŞCRIE	BE NOW INJURY OCC	URED	-
DIVISION DR ATTENDING DIRECTOR: After hours after death them 28 is mail	ED	3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF INJURY building, aic. (Spec	— At home, farm, a	treet, factory, offic		28f. LOCATION City or Tox	N (Street and Number wn, State)	or Rural Route	Number,
DIV SPITAL DR A ERAL DIREC in 72 hours IT: # #em	COMPLET		CIAN: To the best of my knowl							menner se stated.
TO THE HOSPITAL 1 TO THE FUNERAL 1 De filed within 72 h	BE C	29b. SIGNATURE AND TITLE OF CERTIFIES				29c. LICENSE NUI	MBER		SIGNED (Mon	
₽ ₽ ₽ ₹	5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED ONUSE OF DE	ATN (ITEM 27) (Type,	Print)	N 282	73		277	173
S O		31. DATE FILED (Month, Day, Year) DEC 141993	32. RIGISTRAR'S SIGN	ATURE - Rudoll	•					



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withit. Frous after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-train		
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juires that th	signed by t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
he law req	has been	Dept. of	
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DING PHY	After this	death wit	
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93 36341 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR			ERTIFIC	ATE OF	DEATH		REG. N		3 3	78 1
	1. DECEDENT'S NAME (First, Middle Tolon Dobe	ert Pettie							12-4-9		25 pm
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday) #	F UNDER 1 YEAR	IF UNDER 24 HRS.	Dec 7. DATE	OF BIRTH			(State or Foreign
	579 30 4684	1 🔀 M 2 🗆	F 65	YRS.	DAYS DAYS	HOURS MIN.	3 - 3	8 0 - 2	8	Country)	
	9a. FACILITY NAME (If not inatitution	on, give street and number)	91	b. CITY, TOWN OR	LOCATION OF D	EATH		9c. COUNT	Y OF DEATH	na
СТОВ	Union Memor	rial Hospi	tal		Balti	more Ci	ty				
JEC		COUNTY		10c. CITY, T	TOWN OR LOCATIO	ON					NSIDE CITY
DIRE	Maryland	na		Bal	timore						JMITS? YES 2 NO
FUNERAL	10e. STREET AND NUMBER				101. 2	ZIP CODE		W ₁ , 9	10g. CITIZE	EN OF WHAT C	OUNTRY?
NE.	2711 St. P		EDENT EVER IN U.S.	ARMED	13 WAS DECE	NDENT OF HISPA	NIC OBIGIN	7 (Specify	Yes or No. 1	A BACE A	nerican Indian,
	1 Never Married 2 Marrie	FORCES?	1 YES 2 VE WAR OR DATES		if yes, spec	ify Cuban, Maxica	an, Puerto F			Black, White Specify:	a, etc.
) BY	3 Widowed 4 Divorced	-44								CP CO.,	White
ETED	(Specify only highe	T'S EDUCATION est grade completed)		DECEDENT'S US (Give kind of work life. Do NOT use n	RUAL OCCUPATION k done during most	of working	16b.	KIND OF	BUSINESS/INDU	STRY	
7	Elementary/Secondary (0-12)	College (1-4	or 5 +)	me. Do Nor dae re	ourea.)		48				
COM	17. FATHER'S NAME (First, Middle, I	Lest)				18. MOTHER'S NA	ME (First, A	Aiddle, Maid	fen Sumame)		
ш											
10 B	19a. INFORMANT'S NAME (Type/Pri	rint)		19b. MAILING AC	ODRESS (Street and	d Number or Rural	Route Numb	oer, City or	Town, State, Zip C	Code)	
	20a, METHOD OF DISPOSITION							-			
	1 Burial 2 Cremation 3 4 Donation 5 Other (Speci	Removal from State	20b. PLAC	CEAND DATE OF C	DISPOSITION (Nem r place)	eof	OATI	E 20c.	LOCATION — CI	ity or Town, St	ota
	21. SUBSATURE OF PINERAL SER					AODRESS OF FA	CILITY S	tate	Anat	omv B	oard
	Inine!	11/ 1000	ala waa	0,011	655W.I					_	
	shock, or heart f	es, or complications fallure. List only ona	that coused the cause on each if	death. Do not ine.						st,	Approximats Interval Betw
	Inter the disease shock, or heart for the shock of the sh	a. U	PPER	AIRWA	enter the mode	e of dying, suc	ch se card	lisc or re		st,	Approximats Interval Betw Onset end Do
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 36342

		1. DECEDENT'S NAME (First, Middle, Last)				DEATH	2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH		
		4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last			-		10 7 93 90 A		
		142-12-9530	1 DE F	/ 3 YRS.	MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year)	3/1	BIRTHPLACÉ (State or Foreign Country)
should	L DIRECTOR	9a. FACILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOW	N OR LOCATION OF DE	EATN	9c. COUNTY	OF DEATH
23		SINAL HOSPITAL BALTIMORE							
Pages 1.		10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?							
permit. Pa		Ma		1	sa lti				1 XVES 2 NO
sit per	BRAL	100. STREET AND NUMBER	line	(L) 101. ZIP CODE			10g. CITIZEI	N OF WHAT COUNTRY?	
215-0020 attending physician. se as the burlal-transit	TO BE COMPLETED BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FDRCES? 1 YES 2 IF YES, GIVE WAR OR DATES			ARMED 13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Maxican, 1 YES 2 (XNO Specify:			ORIGIN7 (Specify Yea or No— 14. RACE — American ind Puerto Rican, etc.) 14. RACE — American ind Black, White, etc. Specify R / a	
r attendinuse as th		15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF BU	ISINESS/INDUS	TRY
retained by the hospital or 5 should be detached for u notified at once.		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)		vork done during		Beth	Ste	re/
		17. FATHER'S NAME (First, Middle, Last) James Royster Edna Royste						7	
		190. INFORMANT'S NAME (Type/Print)	ens	19b. MAILING	ADDRESS (Stre	et and Number or Rural i U+hbe++	Route Number, City or Tou	on, signe, zip co	8, MJ 21215
OR Ma e 6 ma rector, p		20e, METNOD OF DISPOSITION 1							
0 - 0		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY YALK F. H. West 4300 Wash Are							
OX 68760, be executed within a hours at cian and completely filled in by for to burial, cremation, or remarker event, the medic	COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, Dr haart fallure. List Dnly Dne ceuse Dn each line.							t, Approximate interval Batween Onset and Death
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Ne de de		PART II. Other aignificant condition	a contributing to death	but not resulting i	in the underly	ring cause given in	Part I. 24a. WAS AI		24b. WERE AUTOPSY FINDINGS
Sign Sign Heal		Colon Cancen 1 yes 2500						AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 Yes 2 NO	
23 eg 8 eg C		25. WAS CASE REFERRED TO MEDICAL 26. PLACE DF DEATN (Check only one)							
> 350 5		EXAMINER? 1							
JON OF VITA WOING PHYSICIAN: The I: After this certificate h I death with the State E Is marked, or Item		27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY M 28c. INJURY AT WORK? 1 YES 2 ND 28d. DESCRIBE NOW INJURY OCCURED							
S after 3		3 Suicide 6 Could not be determined 28e. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28e. PLACE DF INJURY — At home, farm, street, factory, office City or Town, State) 28l. LOCATION (Street and Number or Received a						Rural Route Number,	
国 文化 ==		29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as steted. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.							
THE FUNER De filed virbin	TO BE	296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 29d. DATE SIGNED (Mority, Day, Voer) D 42489 - 9/95 > 12/13/93							
3+		30. NAME AND ADDRESS OF PERSON WH DAVID TASKER	mp 10 h	1. Gree		L BVAr	nc. Bal	+ mi	0 21201
> 1		DEC 14 1993	32 HEGISTRAB'S SIG	NATUR					

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TO THE ACCESSMENT OF ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as it has filled within 72 hours after death with the State Deot, of Heath and Mental Hydriene prior to burial, chemation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ga e	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
0	DECEDENT'S NAME (First, Middle, Leat)		2. DATE OF DEATH

1. DECEDENT'S NAME (First, Middle, LA ENNIS HUGH		SON			MON	EMBER 1	Ay 1.5	YEAR 993	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 244-56-1077		(In yrs. last birthday) 6 YRS.	IF UNDER 1 YEAR		(Mon	E OF BIRTH Hh, Day, Year) RIL 9,	1937	Count	IPLACE (State or Foreign ry) TH CAROLII
9a. FACILITY NAME (If not inatitution, g. 1313 ASTER DR.]			GLEN E	URNTE	DEATH			E AR	UNDEL
RESIDENCE OF DECEDENT 10e. STATE 10b. COL MARYLAND		10c. CIT	GLEN E						10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 1.313 ASTER DRIVE				101. ZIP CODE 21061				S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TY YES IF YES, OIVE WAR OR I	2 NO	If yes,	DECENDENT OF HISP specify Cuben, Maxi (ES 2 NO Specific	cen, Puerto		or No-	Biac	E — American Indian, k, White, etc.
15. DECEDENT'S (Specify only highest g		15a. DECEDENT'S (Give kind of sille. Do NOT us	work done during	ATION most of working	16	b. KIND OF BUI	SINESS/IND	USTRY	
12	3	SELF	EMPLOYE	D	R	REAL ES	TATE		
17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S N					
ENNIS TILDE 19a. INFORMANT'S NAME (Type/Print)	N ROBINSO		ADDODES	VIRGIN		HUGH			OX
MRS. JOANN T. RO	RINSON			DDTVE C					D 21061
20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE	OF DISPOSITION	DRIVE, G	PA	TE 20c. LO	CATION —	City or To	own, Stata
21. SIONATURE OF FUNERAL SERVICE	ELICENSEE Herken	EADOWRT DO	22. NAME 1. SE	AND ADDRESS OF I	SNUE,	INGLET S.W.,G	ON FU	UNER. BURN	ARYLAND AL HOME, IE,MD.2106
23. PART I. Enter the disease	THE STATE OF COMPILER OF COMPI	ed the deeth. Do	1 SE	COND AVE	NUE,	INGLET S.W.,G	ON FU	UNER. BURN	AL HOME, IE, MD. 210
23. PART I. Enter the disease or condition	The Due to (OR AS C.	ed the deeth. Do seach line.	22. NAMI 1. SE not enter the	COND AVE	NUE,	INGLET S.W.,G	ON FU	UNER. BURN	AL HOME, IE, MD. 210
23. PART I. Enter the diseases above. The condition resulting in death) Sequentiely list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. A L CON AS DUE TO (OR AS d. DUE TO (OR AS	ed the deeth. Do neeth line. A CONSEQUENCE OF A CONSEQUE	22. NAME 1. SE not enter the	AND ADDRESS OF I	SNUE,	INGLET S.W.,G	ON FULEN I	UNER. BURN	AL HOME, IE, MD. 210 Approximate Interval Betwonset and D. 4 months
23. PART I. Enter the diseases shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentieily list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the	B. DUE TO (OR AS C. DUE TO (OR AS d. Litona contributing to death	ed the deeth. Do neeth line. A CONSEQUENCE OF A CONSEQUE	22. NAMI 1. SE not enter the	AND ADDRESS OF I	NUE, ich ee cal	24e, WAS AN PERFOR	ON FULEN I	UNER. BURN	AL HOME, IE, MD. 2106 Approximata Interval Batwo Onset and Date an
23. PART I. Enter the diseases shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B LICENSEE Or complications that cause or a. A LASTA DUE TO (OR AS C. DUE TO (OR AS d. Litona contributing to death	A CONSEQUENCE OF	22. NAMI 1. SE not enter the SM A// P): P): In the underly	AND ADDRESS OF I	NUE, ich ee cai	S.W., Grdlac or reapi	ON FULEN I	UNER. BURN	AL HOME, IE, MD. 2106 Approximata Interval Batwo Onset and Date an
23. PART I. Enter the diseases shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions and the cause of the conditions of the cause	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	ed the deeth. Do reschillne. A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONSEQUE	22. NAMI 1. SE not enter the SM 4// P): P): In the underly The unde	AND ADDRESS OF ICOND AVE	NUE, ich ee cal	S.W., Grdlac or reapi	ON FULEN I	JNER. BURN reat,	AL HOME, IE, MD. 21.0 Approximate interval Batwonset and Do Amenda Were Autopsy Findin Manlable Prior To Completion of Causoff Death?
23. PART I. Enter the disease shock, or heart failu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentieity list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause of the	ELICENSEE OF COMPILICATIONS that cause on a cause of a	ad the deeth. Do neeth line. A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONSEQUE	22. NAMI 1. SE not enter the OF: F): In the underly OTHER: 4 ON Numing 1 AURY M 1	AND ADDRESS OF I	NUE, ich ee call Part I. Check only c	S.W., Gridac or reapi	AUTOPSY RMED?	UNER. BURN reat,	AL HOME, IE, MD. 21.0 Approximata interval Batw Onset and Do the conset and Do the
23. PART I. Enter the diseases shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and interest cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and interest cause. Examiner? 1 Yes 2 No 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Netural 5 Pending Investigation of determine conditions. Pending Investigation of Could not determine conditions.	ELICENSEE OF COMPILICATIONS that cause on a cause of a	de the deeth. Do neeth line. A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONSEQUE	22. NAMI 1. SE not enter the P: P: In the underfy OTHER: 4 \(\text{Nursing h} \) EOF 28c. JURY M 15 street, factory, co	AND ADDRESS OF I	n Part I. Check only co	24a. WAS AN PERFOR 1 YES 2 CATION (Street HOW I Strate) CATION (Street y or Town, State)	ON FULEN I	JNER. BURN reat, 24b	AL HOME, IE, MD. 21.00 Approximate Interval Batw Onset and Do I Man III WERE AUTOPSY FINON AMBILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
23. PART I. Enter the diseases shock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and interest cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions and interest cause. Examiner? 1 Yes 2 No 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 Netural 5 Pending Investigation of determine conditions. Pending Investigation of Could not determine conditions.	B. DUE TO (OR AS DUE TO (OR AS	de the deeth. Do neeth line. A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONSEQUE	22. NAMI 1. SE not enter the P: P: In the underfy OTHER: 4 \(\text{Nursing h} \) EOF 28c. JURY M 15 street, factory, co	AND ADDRESS OF I	NUE, sich ee call n Part I. Check only co as of Oth 28d. De 28f. LO Check only co as to the co the time, dat	24a. WAS AN PERFOR 1 YES 2 CATION (Street HOW I Strate) CATION (Street y or Town, State)	AUTOPSY MED?	UNER. BURN reat, 24b cureo or Rural i	AL HOME, IE, MD. 21.0 Approximate interval Batw Onset and Dr. Amandation of Court of Death? 1 Yes 2 No.

DEC 14 1993

be detached for use as the burial-transit permit. Pages 1, 2, 3 should

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THE THE HIGHTON OR ATTENDING THE INTEGRAL THE INVIDENT THE INVIDENT THE WASHINGTON TO A STATE OF STATE OF ATTENDING THE STATE OF ATTENDIN	ACT THE CONCRACT DIRECTOR After this certificate has been agreed by the uttending physician and completely filled in by the funeral director, page 5 should be detached.		IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ther	the	he fied within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to Durial, cremation, or removal.	18
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MARK A GOLDSTEIN

31. DATE FILED (Month, Day, Year)

DEC 14 1993

M.D.

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest						DEATH		REG. NO.	2		36344
	THEODORE	JOSEPH		I	ROCH	FORD	TR	MON	e OF DEATH	5 8	CAD	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last		_	R 1 YEAR	IF UNDER 24 H	RS. 7, DATE	E OF BIRTH			ACE (State or Foreign
	035-14-6868	V□ M 2 □ F	73	YRS.	MONTHS	DAYB	HOURS M	N. (Mor	-31-192		Country)	ISLAND
	9a. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN OR	LOCATION (0.2.27	9c. COUNTY		
OR	NORTH ARUNDEL F	OSPITAL AS	SOCIAT	ION		GLEN	BURNI	E	11.77	F	.A.	COUNTY
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT					OR LOCATIO						
DIRECTOR		NE ARUNDEL				BURNI						LIMITS?
	10e. STREET AND NUMBER	12 111(011)		0	DEN		ZIP CODE			10o. CITIZEI		AT COUNTRY?
ER	1421 OAKDALE ROAI					21	1060				S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 15 STATE OF THE PROPERTY OF THE	YES 2 NO	MED O	13.	If yes, spec	NDENT OF H	exican, Puerto	IN? (Specify Yea Ricen, etc.)	or No.— 14	RACE - Black, \ Specify:	- American Indian, White, etc.
ED	15. DECEDENT'S ED		16a. DEC	CEDENT'S	USUAL C	OCCUPATION	d	16	b. KIND OF BUS	INESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)				during most						
MP	12	2	RE	SEAR	CH A	NALYS			U.S. CI		ERVI	CE
BE CO	17. FATHER'S NAME (First, Middle, Last) THEODORE JOSEPH I	ROCHFORD, S					MILI	RED		GLOVE		
10	199. INFORMANT'S NAME (Type/Print) MRS. THELMA A. RO	OCHFORD	196	421	OAKI	SS (Street and OALE F	ROAD,	GLEN I	BURNIE,	MARY	LAND	21060
	20a. METHOD OF DISPOSITION 1 Wurter 2 Cremation 3 Rec 4 Donation S Other (Specify)		20b. PLACE A cometery. cren ARLI	NGTO	PER PISPO	TION /Nam	AL CEM	etery	7/93 FO	RT MY	er Town	, State VIRGINIA
	21. SIGNATURE OF FUNERAL SERVICE L	Thisker !			1	SECON	ND AVE	., S.	W.,GLEN	BURN	IE,M	L HOME, D.21061
	23. PART I. Enter the disease, or ehock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one couse	AS A CONSEO							ratory erres	t,	Approximate Interval Between Onset and Deeth
CERTIFICATION	Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR	AS A CONSEO	UENCE OF	7):							
CE		d										
MEDICAL	PART II. Other algorificant condition	ne contributing to dea	eth but not re	eoulting I	n the u	nderlying	cause give	n in Part I.	24a. WAS AN PERFORE		A) O	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
ä												
40	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Samuel Samuel		OTHE		CE OF DEAT	(Check only o	one)			
ICIA		1 Dipatient 2 ER		28b. TIM		28c. INJUI		nce 6 🗆 Oth	er (Specify)	I III DA GOGIE	150	
HYSICIA	1 YES 2 NO	28e DATE OF INI				WOR	K?	200. Di	ESCRIBE HOW IN	IJOHT OCCUP	TED	
PHYSICIAN: MEDICAL	27. MANNER OF OEATH 1 Netural 5 Pending	(Month, Day,)		INJ	M							
BY	27. MANNER OF OEATH	(Month, Day,)	bar) JURY — At hon		М	1 TYE		26f. LO	CATION (Street a y or Town, State)	nd Number or	Rural Rou	te Number,
	27. MANNER OF OEATH 1 Netural 5 Pending Investigation 2 Accident Could not be determined 29a. CERTIFIER Check only 1 CERTIFYINO PHYSICAL COURSE COUNTY CHECK ONLY 1 CERTIFYINO PHYSICAL CHECK ONLY 1 CERTIFY PHYSICAL CHECK ONLY 1 CE	(Month, Day,)	iJURY — At hon (Specify)	ne, ferm, s	M street, fac	1 YE	S 2 No	26f. LO	y or Town, State)	ner as atated.		

CRAIN HIGHWAY, #601/GLEN BURNIE, MARYLAND 21061

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 93 36345

	HEGISTHAH				CERTIF	ICAL	E UF	DEA	IH		REG. NO.			
	1. DECEDENT'S NAME (First,	Middle, Last	Francis	Wilson	n Rido	(a) 1				2. DATE OF MONTH 12	DA		YEAR	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBI	ER	5. SEX	6. AGE (In yrs.	-		1 VEAR	IF UNDER	1 14 Ame	7. DATE OF	10	200		LACE (State or Fo
	218 05 02:	28	1 🔯 M 2 🗌 F	74	YRS.	MONTHS	DAYS	HOURS	MIN,	11/1	3/191	9	Country	
R	ee. FACILITY NAME (If not institution, give street end number) 8115 Armiger Drive					96. CITY, TOWN OR LOCATION OF DEATH Pasadena				Anne		undel		
ECTOR	RESIDENCE OF DEC													
DIRE	Maryland	An	ne Arunde	1		altin		TION						10d. INSIDE CITY LIMITS? 1 YES 2 🔀
FUNERAL	302 Or chai	rd Av	enue				101	212					S.A	AT COUNTRY?
BY	11. MARITAL STATUS 1 Never Merried 2 1 3 Widowed 4 Divor		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W WORLD W	X YES 2	ARMED NO		If yes, sp		n, Mexica	NIC ORIGIN? (1 in, Puerto Rice y:		or No—		American India White, etc.
	16, DECE	DENT'S ED			DECEDENT	USUAL O	CCUPATIO	ON		18b. KI	ND OF BUS	SINESS/INDU	STRY	
	Elementary/Secondary (0- 8th Grade		College (1-4 or 8 +		Give kind of the Do NOT to	ree retired.)	during mo	est of world	ng	G	enera	al Rei	fect	ories
COMP	17. FATNER'S NAME (First, Mic	ddle, Last)						18. MOT	NER'S NA	ME (First, Mick	de, Malden	Surname)		
ш			Joseph Ri	dgell					Ann	nie D.	Fenl	negen		
B	19e. INFORMANT'S NAME (7)	pe/Print)			19b. MAILING	ADDRES	S (Street e	nd Numbe	or Rural I	Route Number,	City or Tow	n, State, Zip (Code)	
2	Marion McI	Derma	id		133 R	ed F	ox I	ane	G	len B	urnie	, Mar	ylar	d 21061
	20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 4 Donation 6 Other	n 3 🗆 Re	moval from State	cemetery	ceand date	other place			ark	12/13		cation – c		n, State
	21. SIGNATURE OF FUNERAL	SERVICE L	ICENSEE	020	-	22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	> Com	1. 1	w2.		1.					ce Fur				. 21225
CERTIFICATION	Sequentially list condition of any, leading to immediate cause. Enter UNDERLIVII CAUSE (Disease or injust that initiated events resulting in death) LAST	NG y	b	(OR AS A CON	SEQUENCE C	11 N (n V	test	ase	7				Syc
- 1	DART II Other classifican	a anditi		denth back -									_	
MEDICAL	PART II. Other significer	it condition	ons contributing to	death but no	ot resulting	in the u	Iderlyin	g couse	given in		PERFOR	MED?		WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF C OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	ER/Outpatien	t 3 🗆 DOA	OTHE		1		eck only one)	inaciliu)			
H	27. MANNER OF DEATN		28e. DATE OF	INJURY	28b. TH	4E OF	28c. INJ	URY AT				NJURY OCCI	URED	
ВУ Р		Pending nvestigation	(Month, Di	my, Y0@r)	IN	JURY		YES 2	□ NO					
B	3 Suicide 6 0	Could not be letermined	26e. PLACE Of building,	F INJURY — At etc. (Specify)	t home, farm,	street, fac	tory, offic	•			ON (Street a Town, State)	and Number o	or Rural Ro	ute Number,
COMPLET	anal stay		SICIAN: To the best of											and manner as
	295-SIGNATURE AND TITLE		-	17			- princeri, 0				o piece, en			
BE	Mura		1/1	1	1	20		zvc. Lic	ENSE NUI	MOEN	,	29d, DATE	SIGNED (Month, Day, Year)
5	NAME AND ADDRESS OF	PERSON W	HO COMPLETED CAUS	OF DEATH	ITEM 377 (3m	, Poor		2)/,	/ 0 /		1/4	41	0/12
	Kussell (2	0	live AD	300	2) 5	Hai	247	- 5	+,03	12.	\n 2 - A	01	22	-
	31. DATE FILED (Month, Day,)	bar)	32. BEGISTRA	R'S SIONATUR	EQ.	119	1004	1).	14	3917	2000		46	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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	HOSPITAL

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IMPORTANT:

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296. SIGNATURE AND TITLE OF CERTIFIER

DR

DEC

31. DATE FILED (Month, Day, Year)

4 1993

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32 REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH NOAH ELLEWORTH 12-6-93 REESE 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 7 - 27 - 1919 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 216 05 7651 DAYS 1 🔀 M 2 🗌 F n by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should removal. 9s. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1635 Shady Side Road Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION Maryland na Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 1635 Shadyside Road 21218 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married ВҰ 1 YES 2 NO Specify: 3 Widowed 4 Opvorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest gr (Give kind at work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) Tansportation 12 Taxi Cab Driver 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) George M. Reese notified at Vivian Hutchinson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Edna 1635 Shadyside Road, Balto Yoe pe 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must n 3 🗆 Re 4 Donation 6 Sther (Specify) examiner 21-SIGNATURE OF FUNERAL SERVICE LICIN Monald Wade, Dir 22. NAME AND ADDRESS OF FACILITY 655W.BaltimoreSt.B medical PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or res filled in by shock, or heart failure. List only one cause on each line. 6 IMMEDIATE CAUSE (Final FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, the state of WRSINE disease or condition_ event, 1 resulting in death) DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (DR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 23 shows any injury, PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS A 1 TES PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem OTHER: 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 - Residence 6 - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOV is marked, 1 Natural 1 YES 2 NO ΒY 2 Accident 28a. PLACE OF INJURY — At home, lerm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Stree City or Town, Sta 6 Could not be COMPLETED 28 4 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and m

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place,

5601 Loch Raven Blvd #512.Balto.MD

29c. LICENSE NUMBER

DL8717.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

93 36346

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

Maryland

10d. INSIDE CITY

14. RACE --- American Indian, Black, White, etc.

1 YES 2 NO

White

8:30 A M

YEAR

9c. COUNTY OF DEATH

na

10g. CITIZEN OF WHAT COUNTRY?

USA

,MD 21218	
LOCATION — City or Town,	
te Anatomy alto,MD21	
piratory arrest,	Approximate interval Between Onset and Death
2 AND COP	RE AUTOPSY FINDINGS ULABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 700
V INJURY OCCURED	
et and Number or Rural Route te)	Number,
nanner as stated.	d manner as stated.
29d. DATE SIGNED (Mo	nth Day, Year)
21239	
	DHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68760.

	1 - STATE REGISTRAR	STATE OF MARY		CATE OF			REG. NO.		3 3	0001
	1. DECEDENT'S NAME (First, Middle, La	1				MONT	OF DEATH	Y YE	3. 1	TIME OF DEATH
	Samuel C1 4. SOCIAL SECURITY NUMBER	eveland Rig					/12/19	993		
	217-01-1094 a. FACILITY NAME (If not institution, gr	XX M 2 □ F 10)4 YRS.	MONTHS DAYS	IF UNDER 24 HRS.	9/:	OF BIRTH h, Day, Year) 12/188	39 1	Country) Mary	re (State or For
LOR	Meridian Nurs	sing Home			or location of d 11stown			Balt:		
DIRECTOR	nesidence of decedent 10a. STATE 10b. COL			TOWN OR LOCAT						I. INSIDE CITY LIMITS?
FUNERAL	9109 Liberty	beag			1. ZIP CODE 2.1.1.3.3			10g. CITIZEN	OF WHAT	
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 1 NO	13. WAS DEC	CENDENT OF HISPA pecify Cuban, Maxico 3 2 NO Specifi	nn, Puerto	t? (Specify Yes Rican, etc.)	or No- 14.		American India hita, atc.
ETED	15. DECEDENT'S (Specify only highest g	EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Plaste	ork done during mo a retired.)	ON ost of working	16b	Cons		RY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		114500	erer	18. MOTHER'S NA	AME (First			CIOI.	1
	The second second	el Rigler					izabet		rine	
BE O	19a. INFORMANT'S NAME (Type/Print)	CI RIGICI	19b. MAILING	ADDRESS (Street a	and Number or Rural					207
5	Kathleen Sm	ith	3618	Eitem:	iller R	oad	Balti	imore		
	TOs. METHOD OF DISPOSITION ↑ Burial 2 Cremation 3 F 4 Donation 8 √Other (Specify)	Removal from State C6	ob. PLACE AND DATE OF emetery, crematory or oth Woodlawr	her place)		12/1	20c. LOC	ATION - City		
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME A	ND ADDRESS OF FA	CILITY				
	iMMEDIATE CAUSE (Final disease or condition	or complications that cause ure. List only one cause on	aach lina.	3631 ot enter tha mo		Road	d, Bal	Ltimo	re,	Mary 3
TIFICATION	shock, or heart failu IMMEDIATE CAUSE (Finai	a. DUE TO (OR AS	aach lina.	3631 ot enter the mo	falls	Road	d, Bal	Ltimo	re,	Mary Approximation
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1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPAR CERTIF	TMENT OF		MENTAL HYGIEN	-	3 36348
	JUARI	Edward J	.Raab,	Jr.	12 9	9:	3. TIME OF OEATH 3 G G M
4. SOCIAL SECURITY NUMBER 213-18-1888	₹XM 2 □ F	72 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 5 Moreta Gay, Mary 9	21 N	BIRTHPLACE (State or Foreign
Sa. FACILITY NAME (If not institution, of	Mercy Hospi	ital .		or location of o	EATH	9c, COUNTY	OF DEATH
RESIDENCE OF DECEDENT 10a. STATE 10a. STREET AND NUMBER 1513 Pataps 11. MARITAL STATUS			Y, TOWN OR LOCA	TION WISK E		7.55	10d. INSIDE CITY LIMITS? 1X2 YES 2 \(\square\) NO
100. STREET AND NUMBER 1513 Pataps	sco St.		-	21230			of what country?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	e or No.— 14.	RACE — American Indian, Black, White, etc. Specify: W N 1 te
15. OECEDENT'S (Specify only highest of	EQUCATION grade completed)	16a. DECEDENT'S (Give kind of	USUAL OCCUPATI work done during m se retired.)	ON ost of working	16b. KIND OF BU	ISINESS/INDUST	TRY
15. OECEDENT'S (Specify only highest (Elementary/Secondary (0-12) 1 Oth . Grade 17. FATHER'S NAME (First, Middle, Lest	College (1-4 or 5+)	Boiler	Maker		Americ	an Su	gar Co.
17. FATHER'S NAME (First, Middle, Lest	Edward	J. Raal	o,Sr.	Marga	AME (First, Middle, Melder		Bayeer
19a. INFORMANT'S NAME (Type/Print) Mrs, Lillian	M.Raab	19b. MAILING 1513	Pataps	end Number or Rural SCO St. I	Aoute Number, City or Too Balto.Md.	vn. State, Zip Co. 21230	de)
20a. METHOD OF DISPOSITION XXXBurlel 2 Cremation 3 4 Donation 5 7 Other (Specify)	Removal from State	Gien Ha	of disposition (A	norialP)	DATE 200. LO		or Town, State urnie, Md.
21, SIGNATURE OF FUI ERAL SERVICE	E LICENSEE	1.6		NO ADDRESS OF FA		Balt ne,130	o.Md. 21230 E.Fort Ave
immediate cause (final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	COUE TO (OR	AS A CONSEQUENCE O AS A CONSEQUENCE O AS A CONSEQUENCE O	Pi	2. 1	VIOSE!	251)	Oneet and Daet
PART II. Other algolificant cond	Itions contributing to des	ath but not resulting	in the underlying	ng cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		28. F	LACE OF DEATH (C)	neck only one)		
25. WAS CASE REFERREO TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	1 Inpetient 2 ER 28e. DATE OF INJ (Month, Day, 1	URY 25b. TIN	NE OF 28c, IN	JURY AT ORK? YES 2 NO	8 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCCUR	ED
2 Accident Investigat 3 Suicide 8 Could not 4 Homicide determine	29e. PLACE OF IN building, etc.	JURY - At home, ferm,			281, LOCATION (Street City or Town, State		Rural Route Number,
onel	HYSICIAN: To the best of my						ruse(s) and manner se stated.
296. SIGNATURE AND TISCE OF CENT		M.D.	No.	29c. LICENSE NU	MBER	130000000000000000000000000000000000000	GNED (Morth, Day, Year)
30. NAME AND ADDRESS OF PERSON 225 Gree	who completed cause of	OF DEATH (ITEM 27) (Type	of M.	-ry(a)	(tusp eta)		+ Ent. medica
31. DATE FILED (Month, Day, Year) DEC 1419	93 San REGISTRAR'S	SIGNATURE Review		2 8 3			

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	IOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after do	INICDAL DIDECTION After this confidence has been signed by the operation abusiness and completely filled in by the
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31. DATE FILED (MONTH, Day, Year)
DEC 141993

	1. DECEDENT'S NAME (First								2. DAT	E OF DEATH	W	YEAR	3. TIME OF DE
	Douglas		topher	Reich	ert	23 (T)			Dec	. 12	199	93	7:00
	4. SOCIAL SECURITY NUMI	BER	5. SEX	6. AGE (In yrs. la:	st birthday)	IF UNDER 1 YEAR	7	MIN.		E OF BIRTH nth, Day, Year)		6. BIRTI	HPLACE (State or i
	215-18-09	33	1 M 2 F	71	YRS.	months DATE	HOURS	more.	Feb	.15,1	922		yland
~	9a. FACILITY NAME (If not in				9b. CITY, TOWN OR LOCATION OF DE					EATH 9c. COUNTY OF			DEATH
ECTOR	219 Burns		ssing Ro	oad		Seve	rn				I	Anne	Arund
REC	10a. STATE MD	10b. COUN	Arunde	.1		Y, TOWN OR LO	ATION						10d. INSIDE CIT
DIR			ALUMA	1	361	/elli							1 TYES X
3AL	100. STREET AND NUMBER		cossing	Pood			101. ZIP CODE						WHAT COUNTRY?
NER		ns Ci				I CTC		144			USA	Α.	
FUN	11. MARITAL STATUS 1 Never Married 2	Marriad		NT EVER IN U.S. AF			ECENDENT OF specify Cuben			IN? (Specify Yea Rican, etc.)	or No-		E — American Inc.
ВУ	3 Widowed 4 Dive		IF YES, GIVE	WAR OR DATES		1 🗆 Y	ES 2 NO	Specify	7			Spec	White
ED		CEDENT'S ED		WWII	ECEDENT'S	USUAL OCCUPA	TION		1 10	Sb. KIND OF BUS	NESS/INI	DUSTRY	
E	(Specify on Elementary/Secondary (I	ly highest grad	College (1-4 or 5	life	live kind of a. Do NOT u	work done during se retired.)	most of working	7					
	8				eadm	nan				Neve	mar	Co.	714
COMPL	17. FATHER'S NAME (First, A	Aiddle, Last)					18. MOTH	ER'S NAM	ME (First	, Middle, Maiden	Surname)		
ш	Christophe	er Re	eichert			1	В	lan	ch	Harme	r		
TO B	19a. INFORMANT'S NAME (19	b. MAILING	ADDRESS (Street						p Code)	
F	Regina M.	Reic	chert		219	Burns	Cros	sin	q R	load,	Seve	ern,	MD
	20a. METHOD OF DISPOSIT		moval from State	20b. PLACE cemetery, cre		OF DISPOSITION	Name of		DA	TE 20c. LO	CATION —	City or To	own, State
- 1	4 Donation 5 Other					Vete	cans	Cem		C	rowr	nsvi	lle.MI
	21. SIGNATURE OF FUNERA	AL SERVICE L	JCENSEE			22. NAME	AND ADDRES	S OF FAC	NI ITY				_
	► \/,\/									-1 11-		D 7	
	I AIAV	1 //11	3 Voice			Hard	desty	Fu	ner	al Ho			
	23. PART I. Enter the d	L. V.L.	5. Care complications the	nt caused the de	eeth. Do i	Hard 12	desty Ridge	Fu:	ner Ave	. Ann	apol	lis,	MD 214
		neart fallure	complications the	at caused the de	eeth. Do i	Hard 12	desty Ridge	Fu:	ner Ave	. Ann	apol	lis,	MD 214
	ahock, or h IMMEDIATE CAUSE (Figure 1) disease or condition	neart fallure	complications the	at caused the deuse on each line	eeth. Do i	Hard 12	desty Ridge node of dyln	Fu ly lg, such	ner Ave	. Ann	apol	lis,	MD 214
	ahock, or h IMMEDIATE CAUSE (Fig	neart fallure	a. Cel	at caused the deuse on each line	tie	Hard 12 1 not enter than	desty Ridge node of dyln	Fu ly lg, such	ner Ave	. Ann	apol	lis,	MD 214
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

	4 Donation 6 Other 21. SIGNATURE OF FUNERA	(Specify)		Metr	,	mato				/16/93 Home	Caton	svi	lle, MD
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	Robert J. Ri 200. METHOD OF DISPOSIT. 1 □ Burlal 2X Crematic	ION	annel from State		5020	OF DISPOS			E. E.	licott	City,		
BE	David J. Rt	uppel			19b. MAILING	G ADDRESS	S (Street a	Emi	ly B			p Code)	
COMPLE	Elementary/Secondary (0 17. FATHER'S NAME (First, M	5	College (1-4 or 5	+)	lectr		Eng		ER'S NAME	Phon	e Co.	_	
ETED B	15. DEC (Specify only	EDENT'S EDU y highest grad	completed)		DECEDENT'S (Give kind of life. Do NOT u	S USUAL O	CCUPATIO			16b, KIND OF	BUSINESS/INC	DUSTRY	MITTE
. 1	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo	Merried	12. WAS DECEDER	YES 2 MAR OR DATES	ARMED NO		If yes, sp	ecify Cuban,		ORIGIN? (Specify verte Rican, stc.		Ble	CE — American India ick, White, etc. ic/ly: White
FUNERAL D	Maryland 100. STREET AND NUMBER 204 E. Jopp		timore		1	Tows	-	21.286		123		IZEN OF	1 TYES 2 X
DIRECT	RESIDENCE OF DEC	10b. COUNT				TY, TOWN C		TION	20				10d. INSIDE CITY
NO.	Sa. FACILITY NAME (If not in) 1	litakon	Pr.			OR LOCATION		1	9c. COU	NTY OF	
	4. SOCIAL: SECURITY NUMBER 390 - 14 - 00	BER	5. SEX 1 X M 2 F	6. AGE (In yrs. I	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 2	4 HRS. 7.	DATE OF BIRTH (Month, Day, Yea		Cour	THPLACE (State or Fontry) SCONSIN
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	E 9	3 36351				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH				
	NEAL Edward	ROUSH			DECEMBER		3 12:30 P				
	4. SOCIAL SECURITY NUMBER 236 40 2524	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	yrs. last birthday) IF UN YRS. MONTH	DER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-12-29	W e	BIRTHPLACE (State or Foreign Country) est Virgini				
OR	PRINCE GEORGE'S HOSPITAL CENTER Bb. CITY, TOWN OR LOCATION OF DEATH CHEVERLY PRINCE GEORGE'S PRINCE GEORGE'S										
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?										
FUNERAL D	10s. STREET AND NUMBER			101. ZIP CODE			1 YES 2 NO N OF WHAT COUNTRY?				
NE	11. MARITAL STATUS	La mara a mara a mara a mara a mara a mara a mara a mara a mara a mara a mara a mara a mara a mara a mara a mar				US.					
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexico 1 YES 2 NO Specifi	an, Puerto Rican, etc.)	or No — 14	Black, White, etc. Specify: White				
ETED.	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		6e. DECEDENT'S USUAL (Give kind at work at life. Do NOT use retire	ne during most of working	16b. KIND OF BU	SINESS/INDUS	тау				
MPL	12		Painter	(House)							
COM	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S NA	AME (First, Middle, Melden	Surname)					
BE	Neal Anderso	n Roush	I and a second	Marie		aines					
2				ess (Street and Number or Rural ing Charles			· ·				
	Teresa Gauman 200. METHOD OF DISPOSITION	20b P	LACE AND DATE OF DIS				y or Town, State				
	1 Buriat 2 Cremation 3 Rem 4 Denation 5 Other (Specify)		ery, cremetory or other ple		DATE INC. CO	CA11010 — 011	y or lown, state				
MEDICAL CERTIFICATION	## MCHATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board \$8% W.BaltimoreSt, Balto, MD21201										
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	han 16	de Organ l' aprated Ve	alue						
	PART II. Other algolificant condition	a contributing to death but	underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO					
SICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE DF DEATN (C/	heck only one)						
Sic	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpeti	ent 3 DOA 4 D	IER: Nursing Home 5 - Residence	6 Other (Specify)						
ву Рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d, DESCRIBE HOW I	NJURY OCCU	RED				
G	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY — building, etc. (Specify,	actory, office								
COMPLET		CIAN: To the best of my knowled									
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU			SIGNED (Month, Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WH	zarino				14	12/9'3				
	Abran Zan Kis	CERS KI	ner Gan	an Hand	: MdC	ente					
	31. DATE FILED (MORITY, DRY, YORK) 93	22. REGISTRAN'S SIGNAT	URE	0 10 1							

	1 - FOR STATE REGISTRAR	STATE OF MARYI	LAND / DEPARTME CERTIFICAT	NT OF HEALTH AN TE OF DEATH	D MENTAL HYGIE REG. N		36352
	1. DECEDENT'S NAME (First, Middle, Las. Middle, Las. Middle, Las.	о Н .	Schul	.er	2. DATE OF DEATH MONTH Dec.	DAY YEAT	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-24-3313 90. FACILITY NAME (If not institution, give	1 M 2 K F	81, YRS. MONTH		12-27-1	911 V	ATTHPLACE (Stote or Foreign untry)
CTOR	11 S. Conklin			ity, rown on Location of	DEATH	9c. COUNTY O	F DEATH
DIRECTO	Maryland 106. COUN	тү	Balti	MOTE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
NERAL	100. STREET AND NUMBER 11 S. Conklin			101. ZIP CODE 21224		U.S.	A.
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 NO Sp		В	ACE — American Indian, lack, White, atc. White
COMPLETED	15. DECEDENT'S EC (Specify only highest gre Elementary/Secondary (0-12) 8th	OUCATION de completed) Collège (1-4 or 5+)	16a. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire Employ	ne during most of working d.)		y Aid s	Society
BE CO		ee		18. MOTHER'S NAME (First, Middle, Melden Emma			
2	190. INFORMANT'S NAME (Type/Print) Georgia M. Sho			Conkling S	Street Ba		. 21224
	20e METHOD OF DISPOSITION 1-Si Burlei 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FOMERAL SERVICE		TO STOME THE	National C	em. Ba	ltimore	e, Marylan eral Home
	23. PART & Enter the diseases.	Complications that cause	red 2	63 S. Con	kling St.	Balto.	Md.21224
CERTIFICATION	23. PART A: Enter the disease shock, or heart failure immediate CAUSE (Finel disease or candition-resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	2 d the death. Do not en each line.	ter the mode of dying,	kling St.	Balto.	Md.21224 Approximate Interval Between
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FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH
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36353 93 MENTAL HYGIENE

1. DECEDENT'S NA Alver		hel Gray	Stanl	ev					2. DATE OF DEATH		YEAR 93	TIME OF DEATH
4. SOCIAL SECURI		5. SEX	6. AGE (In yrs. Ia		IF UNDER	1 YEAR	IF UNDER	2 24 HRS	7. DATE OF BIRTH	11		ACE (State or Foreign
214-30-	3300	1 🗆 M 2 🔯 F		4 YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year	1899	Country)	
		ive street and number)		7-3	9b, CITY	r. TOWN (OR LOCATI	ON OF DE			UNTY OF DEA	laryland
Unic	n Memor:	ial Hospita	al				ore					
RESIDENCE O	10b. COL			T 10c CIT	Y, TOWN	DR L OCAT	IOM				1.	od, INSIDE CITY
Unic RESIDENCE C 100. STATE Maryland					Balt	imor	e					LIMITS?
100. STREET AND						101	. ZIP COD	E		10g. CI	TIZEN OF WH	AT COUNTRY?
1005 Pro	ovidence						2121				USA	
1005 Pro 11. MARITAL STATE 1 Never Marries \$\tilde{X}\$ Widowed 4	2 Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE Y	YES 2 [V]	RMED NO		If yes, sp	ENDENT (ecify Cubi 2 NO	ın, Mexice	IIC ORIGIN? (Specify n, Puerto Rican, etc.) 7:	Yee or No-	14. RACE - Black, Specify:	- American Indian, White, etc.
	15. DECEDENT'S		16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON		16b, KIND OF	BUSINESS/II	NDUSTRY	DIACK
Elementary/Sec	ondary (0-12)	rade completed) College (1-4 or 5	(0	aive kind of a. Do NOT u	work done se retired.)	during mo	sl of worki	ng				
		Name and the		D	omes	tic				I	Privat	e
17. FATHER'S NAME	(First, Middle, Last)						18. MOT	NER'S NA	ME (First, Middle, Mei	den Sumeme)		
Joseph (Gray						I	da				
19a. INFORMANT'S	NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street a	nd Numbe	or Rural I	Route Number, City or	Town, State, 2	Zip Code)	
Marie Wi	lliams			1005	Prov	ider	ice S	tree	t Bal	timore	e, MD	21211
20e, METNOD OF 0 1 M Burlel 2 0 4 0 Donetlon 8	Cremation 3 - F	lemoval from State	20b. PLACE	AND DATE	of Dispos	i a 1	me of Park		12/16 B	LOCATION -	- City or Town	n, State
21. SIGNATURE OF	FUNERAL SERVICE	LICENSEE	1 2 20 00 0		22.	NAME A	O ADDRE	SS OF FA	CILITY NUTLE	r Funs	eral H	omes, Inc.
1	evin 1	or complications the			B	501 alti	Gwyn more	ns F Ma	alls Parl ryland	51216		omee, inc.
IMMEDIATE CAL disease or cond resulting in dea	lition	a. 645	TTUIC (OR AS A CONSE	CAL.	CGR							4 Manks
Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated every resulting in das	o Immedista IDERLYING o or Injury	c	(OR AS A CONSE									
resulting in dea		d										
	ignificant condi	tions contributing to	death but not	reaulting	In the U	nderlyln	cause :	alven in	Part 1. 24a, WAS	AN AUTOPS	y 24b. V	/ERE AUTOPSY FINDINGS
		DESAUTAIT							PER	FORMED?	0	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REF	ERRED TO MEDICA	L				26. PI	ACE OF D	EATN (Ch	eck only one)			
EXAMINER?	NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHE!		6 T P	neidence	8 Other (Specify)			
25. WAS CASE REF EXAMINER? 1 YES 2 27. MANNER OF DE 1 Natural 2 Accident	ATN 5 Pending investigati	28a. DATE OF (Month, E	INJURY	28b. TIN		28c. INJ WC			28d. DESCRIBE NO	W INJURY O	CCURED	
	6 Could not determine	be 26e. PLACE C	OF INJURY — At he etc. (Specify)	ome, ferm,	street, fac	tory, offic	•		281. LOCATION (Str. City or Town, St	et and Numb ete)	er or Rural Ro	ite Number,
3 Succee 4 Homicide 29e. CERTIFIER (Check only one) 2		HYSICIAN: To the best of										and menner ee atsted.
296. SIGNATURE AT	38	ASTIZO,						ENSE NUI		29d. 0/	IZ.11.	forth, Day, Year)
	TOSE (WHO COMPLETED CAU	SE OF DEATH (ITE	EM 27) (Type	, Print)							
DEC 14	1993	32. REGISTRA	AR'S SIGNATURE									

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

93 36354	9	3	3	6	3	5	4
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1	1. DECEDENT'S NAME (First, Middle, Last)								
	A SECRETARIAN TO THE PARTY OF T						TE OF DEATH	W A	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER	S. SAI				1		2 9.	3 0313
ш			AGE (In yrs. lest b	MONTHS	DAYS HOURS		TE OF BIRTH onth, Day, Year)	6.	BIRTHPLACE (State or Fo Country)
	244-12-2831 A	1 M 2 DF	06	YRS.			y 17, 1		North Carol
œ	Sa. FACILITY NAME (If not institution, give				Y, TOWN OR LOCATION	OF DEATN		9c. COUNTY	OF DEATH
2	Northwest Hospita	21		В	altimore				
DIRECTOR	10a. STATE 10b. COUN	TY		10c. CITY, TOWN	OR LOCATION				10d. INSIDE CITY
5	Maryland			Baltim	ore				IMITS?
4	10e. STREET AND NUMBER			2502 5 221	10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
E	3424 West Caton A	Avenue			21229			US	SA
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1	VER IN U.S. ARME	ED 13.	WAS DECENDENT OF			or No- 14.	. RACE — American India Black, White, etc.
ВУ	1 Never Merried 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR			1 TES 2 NO				Specify:
	15. DECEDENT'S ED	HICATION	480 DECE	EDENT'S USUAL (20010471011				Black
ETED	(Specify only highest grad	de completed)	(Give	kind of work done	during most of working		6b. KIND OF BUS	SINESS/INDUS	IHY
P	6th Grade	College (1-4 or 5+)		Houseke	ener		Pri	vate	
COMPL	17. FATNER'S NAME (First, Mitodia, Last)			HOUSERE		R'S NAME (Firs	t, Middle, Melden		7
	Walter Sutton					1. 10		-/	2
BE	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING ADDRES	S (Street and Number o	r Rural Route No	imber, City or Town	n, State, Zip Co	ide)
2	Earl Brown		34	24 West	Caton Av	e.	Baltimo	re, Ma	ryland 21
	20s. METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Rec	and the State	20b. PLACE AN	D DATE OF DISPO	SITION (Name of				y or Town, Stata
	4 Donation 8 Other (Specify)	moval from Suna		atory or other place		112	18 Wil	son Co	ounty, NC
	21. SIGNATURE OF FUNERAL SERVICE	CAMBER	/	22	NAME AND ADDRESS	OF FACILITY	Nutter	Funera	1 Homes, I
	> period	HANLIN			2501 Gwyn Baltimore	ns Fal	ls Park	way_	
	disease or condition resulting in death)	a. CEI	R AS A CONSEQU	IENCE OF:	CULAR				
FICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO (OR	R AS A CONSECU	JAR J	CULAR				
ERTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. DUE TO (OR	AS A CONSEOU	JAR J					Interval B Onset and
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SICAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by the hospital or attending physicien.	certificate has been signed by the attending physician and completely filled in by the funests director, page 5 should be desurbed for use as the busini-transit permit. Pay		d, or item 23 shows any injury, or other traumatic event, the medical examiner must be notilled at once.
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nbar s	D000	In the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	sho
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Sign	9	6	6,0

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31. DATE FILED (Month: Dec Year)

1 4 1993

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 36355 CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, MINOR, LANC) 2. DATE OF DEATH 3. TIME OF DEATH Arthur tatter 10:40 A 7. DATE OF BIRTH (Morth, Day, Yea 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (fir yes, last birthday) F UNDER 1 YEAR # UNDER 24 HRS. & BIRTHPLACE (Slave or 1 Q # 2 D F 1905 MARYLAND 88 OCT. 29, 213-09-7069 Sa. FACILITY NAME (If not institution, give abu 9b. CITY, TOWN OR LOCATION OF DEATH Be, COUNTY OF DEATH BALTIMORE NORTH OAKS HEALTH CENTER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 18s. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORE BALTIMORE MARYLAND 1 - YES 2 XHO 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 19g. CITIZEN OF WHAT COUNTRYS USA 21208 725 MT WILSON LANE, APT. 129 11. MARITAL STATUS 12. WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR ON DATES 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cution, Maxicon, Puerto Rican, etc.)

1 YES 2 OO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Warried SPORT WHITE BY 3 Widowed 4 Divorced COMPLETED Me. DECEDENT'S USUAL OCCUPATION
(Sake kind of work done during most of working site. Do NOT use refined.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) EDWARDS PHARMACY PROPRIETOR 17. FATHER'S NAME (First, Africon, Last) 18. MOTHER'S NAME (First, Middle, Makdon Surma UNKNOWN ESTHER STATTER BE ADOLPH. 19s. INFORMANT'S NAME (Type/Frint) 2 2705 WACO COURT BALTIMORE, MD 21209 MR T BARRY STATTER 20s, METHOD OF DISPOSITION 206. PLAGE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE urtal 2 Cremet BALTIMORE HEBREW - 12-10-93 4 □ Donation 5 □ Og REISTERSTOWN , MD 21. SIGNATURE OF THE 22, NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN ROAD BALTIMORE, MD 21215 23. PART I. Enter the dise or complications that caused the defailure. List only one cause on each line. ations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Betwe shock, or heaf IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Renal Failure DUE TO (OR AS A CONSEQUENCE OF) Labeter rull, be insulin dependent Non CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL Faiture T YES 2 XNO OF DEATH? TIT YES 2 IT NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: 1 ☐ Inpetient 2 ☐ EN/Outpetient 3 ☐ DOA COTHER: 1 YES 2 NO ng Home 8 - Residence 6 - Other (Specify) 27, MAHNER OF DEATH Netural 28a, DATE OF INJURY (Month, Day, That) 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 5 Pending ↑ YES ± NO BY Accident 35s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 🔲 Buicide 281. LOCATION (Street and Number or Rural Route Number, Olly or Years, State) fi Could not be COMPLETED 4 🗌 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, steath occured at the time, date and place, and due to the cause(s) and manner as stated 296. SIGNATURE AND TITLE OF CENTIFIE 29d, DATE SIGNED (Month, Day, Year) BE W 038675

DHMH-16 Rev 1/89

MD 21230

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	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	Louis	SA		E OF D	EAIH	2. DATE OF DEATH MONTH	AY_ 1	3. TIME OF DEATH
	510NE7 4. SOCIAL SECURITY NUMBER 212-10-3879	5. SEX 6. AG	E (In yrs. lest birthde)			F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	9 19	93 1258/A/ BIRTHPLACE (State or Foreign Country)
œ	90. FACILITY NAME (If not institution, give str NORTHWEST HOSPITA	reet and number)	YRS.	9b. CITY		LOCATION OF D	6/17/190 DEATN	9c. COUNT	MARYLAND Y OF DEATH IMORE
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND BALTI	MORE		ITY, TOWN C	ORE LOCATION	N .			10d. INSIDE CITY LIMITS? 1 YES 2X NO
FUNERAL	10% STREET AND NUMBER 4530 OLD COURT RI)				21208		109. CITIZE USA	N OF WNAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 TWildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO		If yes, specif		NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) ffy:	or No- 14	4. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		18e. DECEDENT (Give kind of life, Do NOT AUTOMO	f work done i use retired.)	during most o		166. KIND OF BUI		MOTOR CO.
	17. FATHER'S NAME (First, Middle, Last)	SACH	S		16	B. MOTNER'S N	AME (First, Middle, Maiden	Sumame)	
TO BE	190, INFORMANT'S NAME (Type/Print) MR FREDERIC ANTENE	BERG				Number or Rurel OST CT	Route Number, City or Tow		ode) 21045
	2017 METHOD OF DISPOSITION 1 © Sturial 2 Cremation 3 Rame 4 Donotion 5 Other (Survey) 21. SIGNATURE OF FURS ALL SERVICE ATC	val from State	06. PLACE AND DAT emetery, cremetory of GREATER	BALT.	IMORE	LODGE	12/12/9	3 B	ly or Town, State ALTIMORE MD
	· finf	Bens	-i	60	010 RI	EISTERT	& BROS., I	BALTO.	, MD 21215
	23. PART I. Enter the disease of shock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	CONGES	/	4					t, Approximata Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		A CONSEQUENCE						
CERTI	resulting in death) LAST								
MEDICAL	PART II. Other algorificant conditions CARVIAC AT	CEGUR	IA, A	-SH	D	euse given in	Part I, 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN: N	25. WAS CASE REFERRED TO MEDICAL					E OF DEATH (C)	heck only one)		
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Dispatient 2 ER/O		OTHER 4 Num			6 Other (Specify)		
ED BY PI	Natural 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day, Year 28e. PLACE OF INJU building, etc. (Sp	RY — At home, farm	M	WORKS		281. LOCATION (Street City or Town, State)		
	4 Nomicide determined						, ,		

6

g Home 5 - Residence	6 Other (Specify)
8c. INJURY AT WORK?	28d. DESCRIBE NOW INJURY OCCURE

one) 2 MEOICAL EXAMINER: On the beele of examination end/or investigate	ion, in my opinion, death occured at the time, dete end place,	end due to the ceuse(e) end menner ee stated
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d DATE SIGNED (Month Day Vise)

	()	(00)		
30 NAME AND	ADODESS OF DEDSON WHO COMDI EX	ED CALIFE OF DEATH	LUTEM OF CT Dire	Ξ

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DEC 14 1993

32. SIGNATURE

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1 - STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CI	ERITE	CATE OF	DEATH	REG. NO.	_	Land Control of the C		
4	1. DECEDENT'S NAME (First, Middle, LI CLARA	MARY		SP	INDLER		2. DATE OF DEATH	9"3	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 212-05-2514	5. SEX 1 M 2 XF	8. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 09-04-191	0	HRTHPLACE (State or For Sountry) ARYLAND		
TOR	90. FACILITY NAME (If not Institution, g NORTH ARUNDEL RESIDENCE OF DECEDENT	HOSPITAL A	SSOCIATI			BURNIE	EATH	9c. COUNTY	A. COUNTY		
AL DIRECTOR	10a. STATE 10b. COI		EL		LEN BUI			10g. CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 X		
FUNERAL	231 MARGATE DRIV					21060		U.S.			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR	MEO	If yes, s		NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.) ly:		RACE — American India: Black, White, etc. Specify: WHITE		
TED	15. OECEOENT'S (Specify only highest g	rade completed)	(G	CEDENT'S US	SUAL OCCUPATION done during metired.)	ON pat of working	16b. KIND OF BUS	INESS/INDUST	RY		
COMPLET	Elementary/Secondary (0-12)	NONE	+)	MEMAK	SCALE.		OWN H	OME			
ш	17. FATHER'S NAME (First, Middle, Last, CONRAD	TRIMPE	R			18. MOTHER'S NA MARY	AME (First, Middle, Maiden		STING		
TO B	19a. INFORMANT'S NAME (Type/Print) MR. ELMER A. HO	RSEY	19 2	31. MA	DDRESS (Street RGATE I	RIVE, GL	Aoute Number, City or Town	MD. 2	1.060		
	20a. METNOD OF DISPOSITION 1 Burlel 25 7 Cremation 3 1	lemoval from State	cemetery cre	matory or othe	DISPOSITION (Nor place)			CATION — City			
- 1	4 Donation 5 Other (Specify)		- HILLT	OP SE	RVICES	CORP.			ERAL HOME,		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSE	Ra DUENCE OF):	nea geo	r ascu	lar a	-cai	1 w left v		
MEDICAL	Hypert	ing	death but not a held	calling in	Iting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAL OF GEATH? 1 YES 2 NO						
SICI/	25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3		OTHER:	LACE OF OEATH (C)	eck only one) 8 □ Other (Specify)				
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	26a. OATE OF (Month, E	INJURY	28b. TIME INJUI	OF 28c. IN	JURY AT DRK? YES 2 NO	28d. OESCRIBE HOW II	NJURY OCCURE	:0		
ETED BY	2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE C	OF INJURY — At he , etc. (Specify)	oma, farm, str	eet, factory, offi	20	281. LOCATION (Street a City or Town, State)	and Number or R	lural Route Number,		
COMPLE	one)						a to the cause(a) and mar time, data and place, an		use(a) and manner as st		
TO BE C	296. SIGNATURE AND TITLE OF CERT	lino a.	an	m	0	29c. LICENSE NU	MBER	29d. DATE SIG	SNED (Month, Day, Year)		
	30. NAME AND ACCRESS OF PERSON BERNARDINO ALC	NSO, M.D.,	1600 CR	M 27) (Type, F AIN H	IGHWAY,	S.W.#50	4/GLEN BUR	NIE, M	ARYLAND 21		
	31. DATE FILEO (Month, Day, Year) DEC 1 4 19	32. REASTR	AT'S SIGNATURE.								

BALTIMORE, MARYLAND 21215-0020	be retained by the hospital or attending physician.	e 5 should be detached for use as the burial-transi
	ours after death. Page 6 may b	d in by the funeral director, pag- or removal.
		y fille
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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Pages 1, 2.

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HOSPITAL FUNERAL I WITHIN 72 H TO THE HOSPITA
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IMPORTANT: II CERTIFICATION

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296. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILEDIEC 01 4 1993

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Items1,7, 13 12-14-93 FilmG706 W.H. Per F/H 36358 93 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR 4. SOCIAL SECURITY NUMBER 12 12 300 93 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 1921 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 - F 7-13-18-0283 YRS. 1/3/53 Massachusetts Se. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR medica Baltimore City Mercy MA Center 10a. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY NO Balto Baltimore City 1 YES 2 NO 10a. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 600 hight 5 treet Apr 937 21201 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 XNO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerio Rican, atc.) 14. RACE - American Indien, Black, White, atc. 1 Never Married 2 Married specity: white IF YES, GIVE WAR OR DATES YES 2 NO BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 th Store Owner 17, FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Solimando Felix Louise Majane BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Peter Solimando 875 Snowfall Way Westminster, MD 21157 20a. METHOD OF DISPOSITION
1 💢 Burlel 2 🗆 Cremation 3 🗆 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State MD Veterans Cemetery 12/14 Garrison, Maryland 4 Donation 5 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD 21133 23. PART I. Enter the disesses, or complications that coused the deeth. Do not enter the mode of dying, such se cerdiec or respiratory arrest, Approximete Interval Between ehock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel Onset end Death disease or condition DA TO TOR AS A CONSEQUENCE OF: resulting in death) spira ton TO (OR AS A CONSEQUENCE OF) Sequentielly list conditione, If eny, leeding to immediate cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO 24a. WAS AN AUTOPSY COMPLETION OF CAUSE 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 26e, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street end Number or Flural Route Number, City or Town, State) 6 Could not be determined 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and manner se stated.

193 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 32. REGISTRAN'S, SIGNATURE
JUNE DEWY doon-Andele

29c. LICENSE NUMBER

29d. DATE SIGNED (Month, Day, Year)



BAI TIMORE MARVI AND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law manner in the law	completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	ial, cremation, or removal.	event, the medical examiner must be notified at once.
DIVISION OF VITAL BECORDE DO BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law recommendation of confincate de execu	TO THE FUNERAL DIRECTOR: After this certificate has been upon by transming physician and	be filed within 72 hours after death with the State Dept of the second of the prior to build, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First,	Middle, Lest)							2. DATE O		AY 1	YEAR	3. TIME OF DEATH
			Henry 5. sex	E. St			Ir.	1	12		12 19		M
	4. SOCIAL SECURITY NUME		5, SEX 1 ☑ M 2 ☐ F	6. AGE (In yrs. las	YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		Country	Maria and a second
	217 74 8		**	65	i na.	05 OCT	200401	D LOCATION OF F		<u>07/19</u>	28 9c. COUNT		yland
8	98. FACILITY NAME (If not institution, give street and number) Bello Machre Glen Burnie										1		undel
ן ק	RESIDENCE OF DEC	10b. COUNT			Lacan								
DIRECTOR	Maryland					altir		TION					10d. INSIDE CITY LIMITS? 1 😾 YES 2 🗌 NO
FUNERAL	100. STREET AND NUMBER 3926 - 6t	h Stre	et.				10	21225				S A	THAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 3 Vidowed 4 Divo	Married	12. WAS DECEDED	NT EVER IN U.S. AF 1 YES 2 X WAR OR DATES			If yes, sp	ENDENT OF HISPA ecity Cuban, Mexic 2 NO Speci	an, Puerto Ri			4. RACE	- American Indian, White, atc.
COMPLETED		EDENT'S EDU y highest grade 0-12)		(G	ive kind of	B USUAL O work done use retired.)	during me	ON ost of working	16b.	KIND OF BU	SINESS/INDU	STRY	WIII CE
	17. FATHER'S NAME (First, M		Henry E.	Staehli	n			16. MOTHER'S N		iddie, Maiden Reyno			
TO BE	John Stae							and Number or Rural					d. 21093
	20a. METHOD OF DISPOSIT 1 St Burlal 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	oval from State	20b. PLACE of cemetary Ceda	. cremator	v or other	place)		12/1		ocation — ci		wn, State Maryland
	21. SIGNATURE OF FUNERO	SERVICE U	CENSEE	Tonce	7	22. G	HAME A	ND ADDRESS OF F	nce Fi	nera!	1 Home	Р.	Α.
	23. PART I. Enter the d	Two.	and Market at										d. 21225 Approximete
		eert fallure.	List only one ce	SI SU		ny							Interval Between
z			a A	O (OR AS A CONSE)								
CATIC	Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju-	diete	DUE TO	E/20	OUENCE	OF):	8	ZOA	ME	n			
CERTIFICATION	that initiated events resulting in death) LAS		d.	E/20 O (OR AS A CONSE Man	OUENCE	OF):	K.	s.ta	no	Aus	in		
2	PART II. Other significa	ent condition	ns contributing to	o deeth but not	resulting	In the u	nderívin	g cause given i	n Part I.	24a, WAS AI	N AUTOPSY	24b	. WERE AUTOPSY FINDINGS
MEDICAL										PERFO	RMED?		AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			ОТНЕ	_	LACE OF DEATH (C	check only on)			
PHYSICIAN:	1 YES 2 ND 27. MANNER OF DEATH		26a. DATE O	F INJURY Day, Year)	28b. TI		26c. IN	JURY AT ORK?	_		INJURY OCCU	JRED	174
BY	2 Accident	Pending Investigation	28e. PLACE	OF INJURY At h		М	1 🗆	YES 2 NO	28f. LOCA	TION (Street	and Number of	r Rural I	Poute Number,
TED	4 Homicide	Could not be determined	building	g, etc. (Specify)					City	or Town, State)		
COMPLETED	construction of the constr		ER: On the best of										a) and manner as stated.
BE	29b. SIGNATURE AND TITLE	E DF CERTIFIE	All	rulle	D			29c. LICENSE N	UMBER 2	30			(Month, Day, Year) -/3 -73
5	30. NAME AND ADDRESS O	F PERSON WI	ID COMPLETED CA	USE OF DEATH (ITI	EM 27) (7y)	oe, Print)							
	31. DATE FILED (Month, Day		32. REGIŞTE	AR'S SIGNATURE						-			
	DEC 14199	3 0	-		-								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	gas
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within clours after death. Page 6 may be retained by the hospital or attending physician.	
TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	t permit,
IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT					GIENE i. NO.	93	36360
	1. DECEDENT'S NAME (First, Middle, Last)	CAROLE	SAC	HS					2. DATE OF DEA MONTH	DAY 1	YEAR 7	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 218-50-8416	5. SEX	6. AGE (In yrs. les 48	st birthday) YRS.	IF UNDER		IF UNDER 2	4 HRS. MIN.	7. DATE OF BIRT	5,194	8. BIRTH	HPLACE (State or Foreign RYLAND
OB	9a. FACILITY NAME (If not institution, give a NORTHWEST HOSE		TER		9b. CITY,		DALLS			9c. CO	UNTY OF D	BALTIMORE
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MARYLAND	Y		10c. CIT	Y, TOWN OF	r locatio						10d. INSIDE CITY LIMITS? 1 XYES 2 NO
RAL	10e. STREET AND NUMBER		4	*1		10f.	ZIP CODE			10g. CI	TIZEN OF V	WHAT COUNTRY?
	5708 CHTLHAM F		T EVER IN U.S. AR	OMEO.	10.0	me nece		1209) IC ORIGIN? (Spec		I as pass	USA
B	1 Never Merried 2 X Merried 3 Widowed 4 Divorced	FORCES?	YES 2 THE	NO	lf	yes, spec	city Cuben,	Maxica	n, Puarto Rican, a	IC.)	Spec	E — American Indian, k, White, atc. #y: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(G	live kind of a Do NOT us	USUAL OC work done di se retired.)	CUPATION luring most	N t of working			OF BUSINESS/IN		1001.
BE CON	17. FATNER'S NAME (First, Middle, Last) BERNARD DUBOW TEACHER ELEMENTARY SCI 18. MOTHER'S NAME (First, Middle, Melden Surname) FRANCES											CHANDLE
TO B	19a, INFORMANT'S NAME (Type/Print) MR ALAN RICHAF	RD SACHS	19						Noute Number, City BALTIMO)9
	20exMETHOD OF DISPOSITION 1 Disputal 2 Cremetton Rem 4 Donatton Why) 21. SIGNATURE REMAIL SERVICE OF	XXIII X	ingo	SHAL	OM MI 22. N	SOL	LEVI REIST	OF FAMILIASC CERS	ON & BRO	S.,INC	IMORE	RSTOWN, MD E,MD 21215
	anock, or neart tallure.	List only one car	se on each line	iatri. Do i		the med	a all dista					
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		PTI (OR AS A CONSE	<u> </u>	St						rreâl,	Approximate Interval Between Onset and Death
EHILICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO		OUENCE O	S + n:						rreat,	
E MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO DUE TO C. DUE TO A.S.	(OR AS A CONSEC	OUENCE O	S fine street of the street of	to C	cause gl	ven In	A R L			Interval Between
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PHYSICIAN: MEDICAL CER	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition PART II. Other eignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Naturel 5 Pending	DUE TO DUE TO DUE TO A SE	(OR AS A CONSECTION OF AS A CONS	OUENCE O	F): In the uncertainty of the series of the	derlying 28. PLA 1: ing Nome 28c. INJU WOR	Cause gi	att (Chi	Part I. 24a. W P. 101	AS AN AUTOPSY ERFORMED? (YES 2 HO	7 24b	Interval Between Onset and Death Onset and Dea
CER	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO DUE TO DUE TO DUE TO DUE TO A SE HOSPITAL: 1 Dispatiant 2 [28e. DATE Of (Month, L) 28e. PLACE OF (Month, L)	(OR AS A CONSECTION OF AS A CONS	OUENCE O OUENCE O OUENCE O TOU	F): F): OTHER OTHER US OTHER US MINING	derlying 28. PLA ing Nome 28c. INJU WOR 1 □ YE	Cause gi	ath (Childence	Part I. 24a. W P. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AS AN AUTOPS: ERFORMED? (ES 2 HO	24b	Interval Between Onset and Death Onset and Dea

25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)				
1 YES 2 NO	HOSPITAL: 1 Unpatient 2 ER/Outpatient	3 DOA 4 N	ER: ursing Nome 5 - Residence	8 Other (Specify)	
27. MANNER OF DEATH 1 Naturel 5 Pending Investigation	(Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED	
3 Suicide	28s. PLACE OF INJURY — A1 home, farm, street, factory, office		281. LOCATION (Street and Number or Rural Route Number,		

29e. CERTIFIER	1 CERTIFYING PHYSICIAN: To the beat of my knowledge, death occurred at the time,	WHICH SERVICES THE PROPERTY OF THE PARTY.
(Check only	CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time,	, data and place, and due to the cause(e) and menner as stated.

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)		
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	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Pag	
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	1. DECEDENT'S NAME (First, Middle, La Elea		nces S	cham	me1			DEc. 11,	1993	YEAR	3. TIME OF DEATH 3:15 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER 1 YEAR			7 DATE OF BIRTH		8. BIRTI Count	HPLACE (State or Forel)
	22022-6152	1 M 2 N F	63	YRS.	MONTHS DAYS	HOURS	MiN.	Feb. 20,1	930	Ma	aryland
~	Se. FACILITY NAME (If not institution, give				9b. CITY, TOWN		N OF D	EATH	Baltimore		
DIRECTOR	9222 Philadelphia Road Rossville Baltimor										IIIO I C
3EC	10a. STATE 10b. COU	NTY	100	10c. CI	TY, TOWN OR LOC						10d. INSIDE CITY
ā	Md. Ba		Rossvil	lle					1 YES 2 N		
FUNERAL	10s. STREET AND NUMBER 9222 Philadelphia Road 10f. ZIP CODE 10g. CITIZEN OF 1 U. S. 4										
NEF	9222 Philadel										
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES?	YES 2		If yes, a	ECENDENT OF SPECIFIC CUBER SERVICE NO.	F HISPAI n, Maxica Specif	NIC ORIGIN? (Specify Ye in, Puerto Rican, etc.) y:	s or No-		E - American Indian ik, White, etc.
ETED	15. DECEDENT'S E (Specify only highest gr		16a. D	ECEDENT'S	USUAL OCCUPAT	TION nost of working	a	16b. KIND OF BU	JSINESS/INC	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done during no retired.) Ons Fore			BEthl	Lehem	St	cel
_	17. FATHER'S NAME (First, Middle, Last) John Kipp	Sr.					en's NA	ME (First, Middle, Meider es Zimme	Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print)		10					Route Number, City or Tox			
F		urange	- 2-4	27 S	ilver K	ing Co	ourt	Perryvi	lle,M	aryl	and-21903
T y	20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 R	emoval from State			of disposition				Balti		
	4 □ Donation 5 □ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	LIOSHOES (Uak	PSIMII		AND ADDRES					M. Murph
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e oue to	OF AS A COMSE	EQUENCE O	n	ters	1	dise	ar.	e	interval Be Onset and
EDICAL	PART II. Other eignificent condit	lone contributing to	death but not	resulting	in the underlyi	ng cause g	iven in		RMED?	241	MAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
SICIAN: M	25. WAS CASE REFEREND TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DE	EATINICH	eck only one)			1 - YES (D)
BY PHYS	27. MANNER OF DEATH 1 Minurel S Pending Investigation	28s. DAFE OF	- Inches		9€ Q€ 20c. If	WURY AT	LNO	8 Other (Specify) 28d. DESCRIBE HOW	indian oc	CURED	
ETED B	3 Suicide 8 Could not determined		se Induny - fi in	7	street, factory, off	ica /		LOCATION (Street	and plambo	r or Rural	Route Number,
MPL	and I							to the cause(a) and mi			a) and manner so st
BE CO	POL. SIGNATURE AND TITLE OF CENT	7	cas)		mi	29c. LICE			_		D (Month, Day, Year)
7	30/NAME AND ADDRESS OF PERSON	WHO COMPLETED CAU	SE OF DEATH (IT	EM TITI (Type	Bal	4	4	0212	06		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

36361

DHMH-16 Rev 1/89

93

REG. NO.

	TO THE HOSPITAL OR ATTACKING PHISSON. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FLINE ALL DIFFERENCES AND THE STATE Deer signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the state of the	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	28.8	TO THE FLANETAL DIFFECTOR THE COMMISSION REPORTS BEEN SIGNED by the attending physician and completely filled in by the fire within 72 boars after sent with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	E	
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1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 93 36362

1. DECEDENT'S NAME (First, Middle, Lest) Mildred Amelia Schaefer 2. DATE OF DEATH MONTIDEO 1		00 12 1993 YEAR 8		9:50 pn									
4. SOCIAL SECURITY NUM	BER	5, SEX	6. AGE (In yrs.	last birthday)			IF UNDER		7. DATE OF BIRTH	1		HPLACE (State or Fore	
292-03-7263	1	1 M 2 K F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Yes		Per	m nsvlvani	
90. FACILITY NAME (If not is	nstitution, give a	street end number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COL						OUNTY OF DEATH	
Saint Josep		ital				Towson, Maryland Baltimore						more	
RESIDENCE OF DE	10b. COUNT	Υ		100 00	TY, TOWN C	D LOCAT	TION					10d. INSIDE CITY	
Maryland		imore			Luthe							LIMITS?	
10e. STREET AND NUMBER		TWOIE		1	Juche		. ZIP COD					1 TES 2 X N	
812 Kellogg						101	2109				.S.A.	WHAT COUNTRY?	
11. MARITAL STATUS	na.	12. WAS DECEDEN	T EVED IN II C	ADMED	142	W 0 DEC			C ORIGIN? (Specif				
1 Never Merried 2	Merried	FORCES? 1	YES 2			If yes, sp	ecify Cubi	n, Mexicar	, Puerto Rican, atc		Blac	E — American Indien k, White, atc.	
3 Widowed 4 Dive	orced	IF YES, GIVE V	MAR OR DATES			1 🗌 YES	2 🔀 NO	Specify			Whi		
15. DEC	CEDENT'S EDU	CATION	16e.	DECEDENT'S	USUAL O	CCUPATIO	ON		16b. KIND OI	F BUSINESS/IN	-		
(Specify on Elementary/Secondary (ly highest grade	College (1-4 or 5	4)	(Give kind of Ille. Do NOT u	work done (ise retired.)	during mo	st of world	g	30.230.00				
12 yrs		Compe (1-4 of 5		Sales	Mana	ger			Sale	es			
17. FATHER'S NAME (First, A	Aiddle, Last)						18. MOT	HER'S NAI	AE (First, Middle, Me	elden Surname)	_		
Amr	mon		Bä	ailey				Dora		Arboga	C+		
19e. INFORMANT'S NAME (D ADDRES!	S (Street e	and Number	or Rural R	oute Number, City o	Town, State, Z	lo Code)		
Janet F. W	illiam	ıs							keysvill			30	
20a. METHOD OF DISPOSIT	TION		20b. PLAC	CE AND DATE		_				LOCATION -			
1 ☐ Buriel 2 Cremetic		oval from State	cametary.	cremetory or c	other place!				12-15				
21. SIGNATURE OF FUNERA	SERVICE U	censes	/	LLCOP			NO ADDRE			LOWSOIL	, Ma.		
-30	11	//					m-	om 17			-		
-//	110	. 1			R	uck	TOWS	on r	uneral H	lome,	lnc.		
23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	neart fellure. nel	List only ons cer	use on each II	Ine.	not sater	050	York	Rd.	Towson,	Md. 2	21204	Approximatintsryal Bell Onset and	
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Bartimore

Chronic Costructve Pulmonary Disease

Non-Insulin Dependent Depende Martin.
Nulti-focal Ashai Terohycerda.

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Anis Ansert St. Joseph Hospital, Towner Newton 21204

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The law requires that the death certificate be executed within actions after death. Page 6 may be retained by the hospital or attending pi	nature here signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the by	į

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	Margie Magd	alen Shu	pe				Dec	cember	11,199	93 12 A	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1 YEAR		HRS. 7. DAT	E OF BIRTH		. BIRTNPLACE (State or Foreig Country)	
	212-05-0327	1 DM 2 DF	80	YRS.	MONTHS DAYS	HOURS		ne 17,	1913	Maryland	
- 4	9a. FACILITY NAME (If not institution, gi				9b. CITY, TOWN	OR LOCATION	OF DEATH		9c. COUNT	Y OF DEATH	
CTOR	Greater Baltimo		Cente	r	T	owson			Bai	ltimore	
5	RESIDENCE OF DECEDENT										
DIRE		ltimore			Property of	ATION				10d, INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	TCIMOLE			owson	101. ZIP CODE			I to I some	1 TYES 2XX NO	
¥	218 Willow Ave					21286				EN OF WHAT COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT	EVED IN II S	ADMED	12 WAS O	ECENDENT OF		UADO PONTENES.		5.A.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [IF YES, GIVE WI	YES 2	NO	If yes,	specify Cuban, ES 2XXNO	Mexican, Puert		98 07 NO 1	4. RACE — American Indian, Black, White, atc. Specify: White	
	15. OECEDENT'S I (Specify only highest gi		16a,	DECEDENT'S	USUAL OCCUPA	TION	10	Sb. KIND OF B	USINESS/INDU	STRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)		Ille. Do NOT us							
<u> </u>	12		T	erepno	ne Ope	rator		C & P	Teleph	none Co.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last) Benjamin F	. Deal					R'S NAME (First		on Surname)		
w I		· Dear				Jos	ephine		Ly	ons	
0	19a. INFORMANT'S NAME (Type/Print) Fred D. Shupe				ADDRESS (Stree		Rural Route Nu	mber, City or R	own, State, Zip C	(ode)	
	-			Sa	me As	+10					
	20a. METHOD OF DISPOSITION 1 Description 2 Cremation 3 F	amoval from State	cametery	cremetory or of	F DISPOSITION (ty or Town, Stata	
	4 Donation 5 Other (Specify)		St.	Josep	h Texas			-13-93	3 Cocke	eysville, Md.	
	21. SIGNATURE OF FUNERAL SERVICE		0			AND ADDRESS					
	▶ Wallace	SRIM	She !	11		Towso					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c.		SEQUENCE OF							
- 11	PART II. Other significent conditions	d	death but no	ot resulting i	n the underly	ing cause giv	en in Part I.	24a, WAS /	IN AUTOPSY	24b. WERE AUTOPSY FIND	
I: MEDICAL								PERFO	ORMED?	AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATN? 1 YES 2 NO	
\$	25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEA	TH (Check only	one)			
	1 A YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER: 4 Nursing No.	ome 5 🗆 Reald	lence 6 🗆 Oti	ner (Specify)			
BY PHYSICIAN	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF I (Month, Day	INJURY y, Year)	28b, TIME	OF 26c. I	NJURY AT WORK?	28d. D	Other (Specify) d. DESCRIBE NOW INJURY OCCURED			
an III	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify)										
	- Codid not	building, e	Mc. (Specify)		deet, lectory, or	nce				Rural Route Number,	
	4 Homicide determined 29a. CERTIFIER 1 CERTIFYINO PH	IYSICIAN: To the best of r	nc. (Specify)		d at the time, de	ite and place, er	nd due to the c	y or Town, Star	enner as stated		
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to an one

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CENTIL	ICATE	OF DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Las	0				2. DATE OF DEAT MONTH	DAY	YEAR 3. TIME OF DEATH			
	Albert Smith					12-	11-9	351			
913.1	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)		EAR IF UNDER 24 HMS. NYS HOURS MIN.	7. DATE OF BIRTH		L. BIRTHPLACE (State or Foreign Country)			
	412-64-9727	1½ M 2 □ F 89	YRS.			2 /227	94	rennessee			
1.1	9e. FACILITY NAME (If not institution, give	s street and number)		9b. CITY, TO	WN OR LOCATION OF	DEATN	9c. COUNT	Y OF DEATH			
RECTOR	Stella Maris Hosp	pice		Towso	n	127	Balt:	Baltimore			
[គួ	RESIDENCE OF DECEDENT 10e. STATE 10b. COUR	ity	100 00	TY, TOWN OR L	OCATION			10d, INSIDE CITY			
	ч	OWARD		COLUM				LIMITS?			
0	MARYTAND 11	OWARD		COLUM				1 YES 2 NO			
A I	10387 LAUNCE	LOT LANE			101. ZIP CODE			EN OF WHAT COUNTRY?			
FUNERAL					21044			s.a.			
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	2 MO	If ye	DECENDENT OF NISPA s, specify Cuben, Mexic	an, Puerto Ricen, etc		4. RACE — American Indian, Black, White, etc.			
¥	3 Widowed 4 Divorced	IF YES, GIVE WAR OR C	DATES	10	YES 2 NO Spec	My:		Specify:			
ED	15. DECEDENT'S E	DUCATION	16e. DECEDENT'S	S HEIMI OCCI	DATION	THE KIND OF	BUSINESS/INDU	white			
	(Specify only highest gra	de completed)	(Give kind of	work done during war work done during war work done during	ng most of working	IOS. KIND OF	BOSINESS/INDO	sini			
_	Elementary/Secondary (0-12)	College (1-4 or 8+) 5 +	TEACH			POADI	OF FI	DUCATION			
COMP	17. FATNER'S NAME (First, Middle, Lest)	J 1	TEACH	D1/	18 MOTNED'S N	AME (First, Middle, Me		JUCATION			
U C		O. SMITH			100			LLON			
0	19e. INFORMANT'S NAME (Type/Print)	0. 0		G ADDRESS (S	reet end Number or Rura						
2	A. J EANETTE	S. HAMILTON			OVER WAY						
	20g. METHOD OF DISPOSITION		b. PLACE AND DATE				LOCATION — CI				
3	1 Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	Metery, crematory or VERTON	other plece)	MEM. GARI	DEIN 19/4 T					
	21. SIGNATURE OF FUNERAL SERVICE		VERTON	22. NAI	AE AND ADDRESS OF F	ACILITY	LVINGS	TON TENN.			
- 1	LEROY & RUSSELL WITZKE FUNERAL HOME										
	Kusselle	negra			TWIN KI						
CERTIFICATION	disease or condition resulting in death) a. Congestive heart failure DUE TO (OR AS A CONSEQUENCE OF): b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
5		d,									
- 11	PART II. Other aignificant conditi	one contributing to death i	but not reaulting	in the under	rlying cause given is		S AN AUTOPSY	246. WERE AUTOPSY FINDING			
MEDICAL							RFORMED?	MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
AN	25. WAS CASE REFERRED TO MEDICAL	T			A PLACE OF DEATH #						
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	86. PLACE OF DEATH (C		Tlooni	~			
₹ K	1 YES 2 NO	1 Inpetient 2 ER/Out	patient 3 U DOA		Home 5 Residence						
	1 Natural 5 Pending	(Month, Day, Year)		JURY	WORK?	28d. DESCRIBE N	JW INJUNT OCCU	HED			
B	2 Accident Investigation		Y 44 home from		YES 2 NO			0.10.10.1			
COMPLETED	3 Suicide 6 Could not be determined	26e. PLACE OF INJUR building, etc. (Spe	ecify)	, street, factory,	отпсе	City or Town, S		r Rural Route Number,			
Ä	290. CERTIFIER 1 1 CERTIFYING PN	/SICIAN: To the beat of my know	viedge, death coc-	read at the time	date and place and di	e to the enventer of	manner or state				
\$	and a							cause(e) end manner en stated.			
	29b. SIGNATURE AND TITLE OF CERTIF										
B	Ja. do 00	O Caulo 6		40	D2564		296. DATE :	SIONED (Month, Day, Year)			
2	Chenguese	France	illy		Dag .		/ 0	7-11-1a			
	SO NAME AND ADDRESS OF PERSON OF Kendall R. Faul				llev Road	. Towson.	Marvla	nd 21204			
	31 DATE FILED (Month Day Year)	12 BURGETBAR'S SIG		arch Ac	LICI IWAA	, 10.10011/					
	DEC 14199	3 Julia Sens	400- Rondon	A.							

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the completely filled in by the funeral director, page 5 should be defached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

WHPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTIFIC	CATE OF DEAT	ГН	REG. NO.			
1. DECEDENT'S NAME (First, Middle, Les	est)			2. DATI	OF DEATH		WE (-	3. TIME OF DEATH
Don	rothy Anna	SABISTON		Dece	_		993	5:45
4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER	24 HRS. 7. DATE	OF BIRTN			IPLACE (State or Foreign
212-18-2671	1 □ M 2 🛣 F	72 YRS.	ONTHE DAYS HOURS		4/21			vland
9a. FACILITY NAME (If not institution, give	ve atreet and number)		96. CITY, TOWN OR LOCATIO			9c. COUN		
Franklin Square	Hospital		Essex			Bal:	timo	re County
10a. STATE 10b. COU	INTY	10c. CITY,	TOWN OR LOCATION					10d. INSIDE CITY
Maryland B	Baltimore	Ro	sedale					LIMITS?
10e. STREET AND NUMBER			10f. ZIP CODE	E		10g, CITIZ	EN OF W	VHAT COUNTRY?
1621 Weyburn Ro	oad		2123	7			USA	
11. MARITAL STATUS	12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13. WAS DECENDENT O			or No-	14. RACE	- American Indian, t, White, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, OIVE WAR OF		1 TYES 2 NO		nicen, etc.)		Speci	lly:
	1							White
15. DECEDENT'S E (Specify only highest gro	rade completed)	16a. DECEDENT'S U	SUAL OCCUPATION ork done during most of workin retired.)	16	b. KIND OF BUS	SINESS/INDI	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)						161	
8th Grade 17. FATHER'S NAME (First, Middle, Last)		Seamstr		15000 11111			Bus	iness
				HER'S NAME (First,				
August Hacker 196. INFORMANT'S NAME (Type/Print)		901 9101 117		rietta S			- 11-1	
			ADDRESS (Street and Number		•			
George C. Sabis			Weyburn Road					
MyBurial 2 Cremation 3 R:		20b. PLACE AND DATE OF cemetery, crematory or other	er plece)	DA	7	CATION C	201	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Garrision	Forest VA C		/14/93	Owi	ngs_	Mills, MD
1/			Johnson		Home			
Mall- n			8521 Loc			Tows	con	MD 2128
disease or condition	Congest	ve Heart F	Sailure					Onset and De
disease or condition resulting in death)	DUE TO (OR A	ive Heart E S A CONSEQUENCE OF: Valve Stend						Onset and De
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	2 TIME OF DEATH

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	4. SOCIAL SECURITY NUMBER	8. SEX	6. AGE (In yrs.	Inst hirthday)	IF UNDER 1 YEAR	IF UNDER	24 MRR	Dec.	11,	1993	_	3:30 PLACE (State or Fore
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	9a. FACILITY NAME (If not institution, giv	4.			9b. CITY, TOWN (OR LOCATIO	ON OF DE		9c. COUNTY OF DEATH			
8	Fallston General	Hospital			Fallst					Harford		
5	RESIDENCE OF DECEDENT							1101	1101			
DIRECTOR	Md. H	10c. CITY,	Edge							10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER					. ZIP CODE				10g. CITIZE	EN OF W	HAT COUNTRY?
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BE	John Allen	Stokes						osely				
5	19a. INFORMANT'S NAME (Type/Print)	h			ADDRESS (Street a							21040
	Joselyn Sel		20h 81 60		LONGWO		our	DATE	20c. LOCA			21040
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	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	111001	to cre	22. NAME A	ND ADDRES	S OF FAC	YTIJK				
	Connelly Funeral Home of Essex											
	23. PART I. Enter the disease, or shock, or heart feilur immediate Cause (Final disease or condition resulting in death)	re. List only one ca	at caused the use on each life of 10 pu	death. Do no na.	ot anter the mo	300 de of dyle	Mac ng, auch	Ave	Ra or reapired	1+i7	nor	Approximation
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3. TIME OF DEATH

YEAR

REG. NO.

2. DATE OF DEATH

CYNTHIA SIMON W. 8:00 December 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 7. DATE OF BIRTH (Month, Day, Year 1 M 2 TF 44 YRS. 185-38-0143 January 13 ,1949Pennsylvania 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF GEATH DIRECTOR 4506 Elm Street Chevy Chase Montgomery RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Chevy Chase 1 YES 2 | NO FUNERAL 10a. STREET AND NUMBER 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4506 Elm Street 20815 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 VES 2 MNO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 X NO 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 166, KIND OF BUSINESS/INDUSTRY (Specify only highest gi Elementary/Secondary (0-12) College (1-4 or 5+) Law Professor Georgetown University 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Sylvia Nudelman Burton Weisfeld BE 19a, INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code), 4506 Elm Street, Chevy Chase, Md. 20815 2 William D. Simon 20e METHOD OF DISPOSITION
14 Burlai 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 12-9-93 Philadelphia, Pa. Montefiore Cemetery 21. SIGNATURE/OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Falls Church, Va. 22046 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition resulting in death) Carcinoma of the Breast 3 years DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (QR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not recuiting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? t TYES 2 X NO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER: 1 TYES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA me 5 Residence 6 Other (Specify) 4 🗌 Nursi 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED t X Natural 1 YES 2 NO BY 2 Accident 26s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER

(Check only

t
CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the films, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, dete and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

M.D. 3800 Reservoir Rd., N.W., Washington, D.C. 20007

20319

24 hours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 executed within OR ATTENDING PHYSICIAN: The law requires that the death certificate be

use as the burial-transit permit. Pages 1, 2, 3 should

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRATE SIGNATURE

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this certificate his with the State

DIRECTOR: After the hours after death v

ERAL in 72

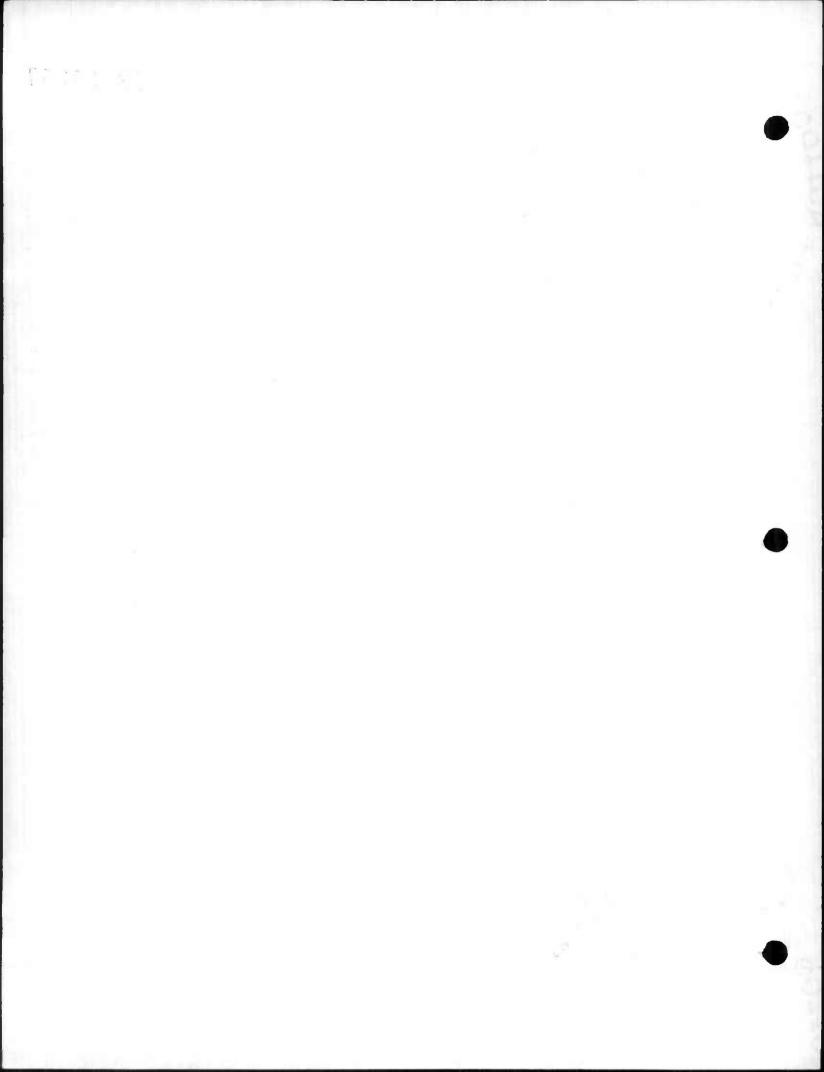
within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MPORTANT: II

29d. DATE SIGNED (Month, Day, Year)

▶ December 7, 1993



FLINERAL I TANT: II I

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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transif permit. Pages 1	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 36368 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Vielet Simmons December 9 1993 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign 1 M 2 W F 212-48-4201 75 March 19. Pennsylvania 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH DIRECTOR 2212 Silver Lame Road Essex Baltimore RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimere Essex 1 YES 2 1 NO UNERA 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2212 Silver Lane Road 21221 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
It yes, specify Cuban, Mexicen, Puerto Rican, etc.)
 YES NO Specify: 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 2 NO 1 Never Married 2 Married ВУ Specify: White Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 10 Jonse Wife Tome 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Glarence BE A Malia Gertrude Savder 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 liana Schottler Maple Road Essex, Maryland 21221 20s. METHOD OF DISPOSITION
Surface 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State cardens of Faith 4 Donation 5 Other (Specify) 12/13/1993 Baltimore County Ma 21. SIGNATURE OF FUNERAL SERVICE LICENSE NAME AND ADDRESS OF FICILITY DATE OF P.A. 1407 Eastern Ave Baltimore Maryland 21221 23. PART I. Enter the diseases, or complications that cause the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate IMMEDIATE CAUSE (Final Onset and Death disease or condition_ himic obstructive Pulmonary disease resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Smaking
DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO 24s. WAS AN AUTOPSY COMPLETION OF CAUSE 1 TYES 2 THO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL -OTHER: 1 YES 2 NO mt 2 - ER/Outpatient 3 - DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. OATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK7 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO B 2 Accident Investigation 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Sulcide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be determined 4 Homicide 29e. CERTIFIER
(Check only
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER

D08252

Square Drive

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after dead Dane C ran the section of the factories	and beduit rage o may be retained by the nospital of	by the tuneral director, page 5 should be detached for	emoval.	lical examiner must be notified at once.
THE TAXABLE TO SECURITY The last considered that doubt considered with forms about doubt from the main of the terminal to the considered t	equites that the teath certificate the executed within	INPECION: After this certificate has been signed by the aftending physician and completely liked in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
The last the	TIAL OR ALLENDING PRICHAN. THE IAW IN	A. DIRECTOR: After this certificate has bee	the State Dept. C	# III item 28 is marked, or item 23 st

1. DECEDENT'S NAME (First, Middle, Last)	DIANE ;	JEAN	BER	W.		2. DATE O	F DEATH	Y	YEAR	3. TIME OF DEATH
AKA Janet	I a see			STEVENS		Dec.	11,	1993		6:15 p
130 42 0291	1 🗆 M 2300F 4	l (In yrs. lesi		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May	Day Mari	950	Country	PLACE (State or Foreign York
9a. FACILITY NAME (If not institution, give Franklin Square RESIDENCE OF DECEDENT					or Location of	DEATH			imor	e County
	timore		17	TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS? 1 YES 220010
1605 Doolit	tle Road			10	i. ZIP CODE	21		10g. CITIZ	ZEN OF W	USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed MONOCOLON	12. WAS DECEDENT EVER FORCES? 1 YES		MED	If yes, sp	ENDENT OF HISP ecity Cuban, Maxi Spec	ican, Puerto Ri		or No-	14. RACE Black Specify	- American Indian, White, atc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		(Give	ve kind of w Do NOT use	usual occupations done during me retired.)	ost of working	16b.	Cons	iness/ind		
17. FATHER'S NAME (First, Middle, Last) Charles Ber	'r' y	7 19			18. MOTHER'S P	NAME (First, MI	ddle, Maiden S			HUE
19a. INFORMANT'S NAME (Type/Print) Charles Berry	(Father)	19b.	MAILING .	ADDRESS (Street	nd Number or Run	St.	Canas	tota	Code)	13032 W York
20a. METHOD OF DISPOSITION 1 Dariel 2 Cremation 3				F DISPOSITION (N.		DATE		CATION —	City or Tov	wn, Stata
4 Donation 5 Other (Specify)	noval from State	Belg Yen	Fune:	rain Hom	12	2/13/9	3 Can	aste	ta.	New York
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Earl Hope Ma 5724 5-/ver

31. DATE FILED (Month, Day, Year)

32. DEGISTRAR'S-GIGNATURE

DHMH-16 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

93 36371

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STATE OF	/ DEPARTMENT				MENTAL.	HYGIENE
	 ERTIFICATE	OF	DEAT	H		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA		CATE OF	DEATH	REG. N	NE C				
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	ROBERT WILL			TRU	itt sr	The second second	8 6.19	93 2025			
	4. SOCIAL SECURITY NUMBER 213-24-4947 9a. FACILITY NAME (If not institution, give	№X м 2 🗆 ғ 63	YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1/23/1930		BIRTHPLACE (State or Fore Country) Maryland			
CTOR	PENINSULA REGION.			SALIS	BURY	EATH	WIC	COMICO			
DIREC	100. STATE 100. COUN Delaware Suss			town on Locat	ION	FELL.	10d. IN				
FUNERAL	R.D. 3 Box 206	F		101	19945		10g. CITIZEN OF WHAT COUNTRY?				
ETED BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 KNO		ecify_Cuban, Mexic	NIC ORIGIN? (Specify Y an, Puerto Ricen, etc.) fy:	ee or No- 14	RACE — American Indian Black, White, etc. Specify: White			
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wo life. Do NOT use	ork done during mo: retired.)	st of working		USINESS/INDUS				
COMPL	17. FATHER'S NAME (First, Middle, Last) James Truitt		-darbment	operat	18. MOTHER'S N	AME (First, Middle, Maide d Bradford	n Surname)	Die install			
TO BE	19e. INFORMANT'S NAME (Type/Print) Doris M. Truitt					Route Number, City or R		945			
	XXBurial 2 ☐ Cremation 3 ☐ Re 4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	Ca	arey's Ce	metery	ID ADDRESS OF F		llsbor	o, Del.			
	* Richard T.	. /				1 Home, Mi	11sbor	o, Del. 19			
	Prekard T. 23. PART I. Enter the diseases, or	complications that caused a. List only one cause on as	CONSEQUENCE OF):	Watson	Funera	1 Home, Mi	piratory arrea	Approximat			
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR			EKIIF	ICALE	UF	DEAL	н		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Lest) EVELYN A.		TALBO	TC					MONTH			PASY	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	lest birthday)	IF UNDER	YEAR	IF UNDER	24 HRS.	7 DATE (WE BURTH		993	NCE (State or Fore	
	214-24-4222	1 M 2 K F	78	YRS.	MONTHS	DAYS	HOURS	MIN,	1 0	Day. Year)	15	Country)	ressee	
	Sa. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TOWN OR LOCATION OF DEATH					H 9c. COUNTY OF OEATH				
DINECTOR	North Arundel Ho	spital			Glen Burnie						Anne Arundel			
3	10e. STATE 10b. COUNTY			10c, CIT	ITY, TOWN OR LOCATION						10	d. INSIDE CITY		
	Maryland An	ne Arund	lel	117	Glen					10 Rubinia			LIMITS?	
	10a. STREET AND NUMBER			101. ZIP CODE							EN OF WHA	T COUNTRY?		
LONGLAC	712 Seagrove Roa			210					51		Uni	ted !	States	
	11. MARITAL STATUS 1 Never Married 2 Married		NT EVER IN U.S. A 1 YES 2 & WAR OR DATES		11	yes, spe	ecity Cubar	1, Maxica	n, Puerto R	(Specify Yes loan, atc.)	or No-		American India hita, atc.	
5	3 Wildowed 4 Divorced		1	☐ YES	2 🕅 NO	Specify	y:			Specify:	White			
	15. DECEDENT'S EDU (Specify only highest grade	DECEDENT'S				<i>a</i>	16b.	KIND OF BUS	SINESS/INDU	ISTRY	WILCE			
	Elementary/Secondary (0-12)	ite. Do NOT u	se retired.)		at or worting									
	High School	Home	maker						m Hon	16				
	17. FATHER'S NAME (First, Middle, Lest) Unknown (Ingra	17. FATHER'S NAME (First, Middle, Last)						knou		liddle, Maiden	Surname)			
	19a. INFORMANT'S NAME (Type/Print)	11()	11	19b. MAILING	ADDRESS	(Street a		_		er, City or Tow	n, State. Zip (Code)		
2	Denise L. Metz	ger	E							alk. N			21222	
	20a METHOD OF DISPOSITION		20b. PLACE	E AND DATE	OF DISPOSI	TION /Na.	me of		DATE	20c LO	CATION C	ity or Town.	State	
	4 Donation 5 Other (Specify)		- Balt	induction of the	Nat	iona	el Ce	m.12	1/15/	93 E	Baltin	nore,	Maryle	
	21. SIGNATURE OF FÜNERAL SERVICE LIC	TEMBER V	//		Bu	AME AN	ADDRES KUCR	OF FAC	Shal.	Home	of Du	ndalk	, Inc.	
	+ helin	ter	41		79	22 1	Viso	Aves	nuo I	undal	k. Md	. 212	22	
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING											Sue		
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	C DUE TO (OR AS A CONSEQUENCE OF):												
- 11	PART II. Other eignificent condition	e contributing to	death but not	resulting	In the unc	derlying	g ceuse g	Iven in	Part i.	24a. WAS AN		24b. WI	RE AUTOPSY FI	
EDICAL										PERFOR	1	AM	AILABLE PRIOR	
MED										2	an rea		DEATH?	
PHTSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Ch	eck only one)				
	1 TYES 2 THE	1 Inpetient 2		1	4 🗆 Nurs	ng Hom	e 5 🗆 Res	sidence					A L	
_	27. MANNER OF DEATH 1 Natural 6 Pending	28a. DATE Of (Month, I	F INJURY Day, Year)	26b. TIR	JURY		URY AT PRK? YES 2 L	do	28d. DES	CRIBE HOW I	NJURY OCCI	JRED		
	2 Accident Investigation	26a. PLACE (OF INJURY — AI I	home, farm	street facto			NO	281 1004	TION (Street a	and Number	v Russ David	n Mumber	
	3 Suicide 6 Could not be 4 Homicide determined	building	, etc. (Specify)	, 141111,	Ones, resto	· y, orner			City o	r Town, State)	and rediffuel (- Hurai HOUI	o reunicer,	
COMPLE	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat o	f my knowledge	death accum	rad at the ste	no date	and place	and du	to the ac-	sole) and m	mes es elet-	1		
	(Check only one) 2 MEOICAL EXAMINE												id manner as si	
3	296. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						onth, Day, Year)	
)	Mo	uc Oh	1 m me	0			DZ	-			► 13	413	93	
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)													
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	ISE OF DEATH (IT	EM 27) (Type	s, Print)									
	30. NAME AND ADDRESS OF PERSON WH 203 HO3pital	Drive	JSE OF DEATH (IT		_	nie	M	ar	yla	9 3	106	1		
	702 Was 17	Drive	AR'S SIGNATURE	en	_	nie	M	ary	ylai	9 2	106	.1	9 8	

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

OF VITAL RECORDS, P.O. BOX 68760, TELIAN: The law requires that the death certificate be executed within and the transfer A

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	ILL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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4 ATTENDING PHYSICIAN: THE IZW REQUIRES DAT THE DEATH CHINCARE DE EXECUTED WITHIN THOUS ATTENDING PHYSICIAN.	fter th	sath w	m 28 is marked or Hem 23 shows any injury or other traumatic event, the medical examiner must be notified at once
ENDI	DR: A	fter de	31 0
A	RECT	Irs a	E 2

36374 93 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) CHARLE C	CHARLES M	ILTON TH	OMAS	2. DATE OF DEATH	DAY / 9"	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	S. SEX 6. AGE	(In yrs. last birthday) IF 3 YRS. MO	THE DAYS HOURS MIN.	(Month, Day, Year)	1	BIRTHPLACE (State or Foreign Couptor) RIH CAROLINA
HARBOR HOSPITAL	,	96	BALTIMORE	DEATH	9c. COUNTY	OF DEATH
18a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION			10d. INSIDE CITY
MARYLAND ANNE	ARUNDEL	LIN	THICUM			LIMITS?
6308 HOMEWOOD ROAD			101, ZIP CODE 21090		10g. CITIZEI	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Wildowed 4 Divorced	FORCES? 1 TYES	25 TONO	If yes, specify Cuban, Max	ican, Puerto Rican, etc.)	es or No — 14	Black, White, etc. Specify: WHITE
(Specify only highest grade co	mpleted)	(Give kind of work life. Do NOT use re	done during most of working tired.)			TRY
17. FATHER'S NAME (First, Middle, Last) CHARLIE MARVIN THOM	1AS					
190. INFORMANT'S NAME (Type/Print) FRANCES JANE THOMAS	3	19b, MAILINO AD 6308 H	OMEWOOD ROAD,	LINTHICUM	, MARYI	AND 21090
20a, METHOD OF DISPOSITION XX Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	al from State	b. PLACE AND DATE OF D metery, crematory or other LEN HAVEN	ISPOSITION (Name of place) MEMORIAL PARK	18475 20c. L	OCATION — CIT	y or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LICEN		ms	22. NAME AND ADDRESS OF	SINGLE	TON FUN	NERAL HOME,
23. PART i. Enter the diseases, or cor	mpilcations that cause	d the death. Do not				
immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF): MAC D I A C	TERY DISEN	s ose		Interval Between Onset and Death
(PRON	10 OBSTR	VETIVE Le	ING DISEAS	00000	DRMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	LOSBITAL.			Check only one)		
1 YES 2 NO 1	☐ Inpetient 2 ☐ ER/Out	tpetient 3 DOA 4	Nursing Home 5 Residence			
1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	RED
3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree scify)	t, factory, office			Rural Route Number,
and only	_					
205 SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE N	IUMBER	29d, DATE S	
Blund					•	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF D				>)	2 13 / 9 3
(1) lund	PARMINI		Anger Host	TAR CENTRA	>)	19NED (Morith, Day, Year)
	4. SOCIAL SECURITY NUMBER 2 41 - 44 - 196 9e. FACILITY NAME (if not institution, give street HARBOR HOSPITAL (institution) and institution in the street HARBOR HOSPITAL (institution) give street HARBOR HOSPITAL (institution) give street HARBOR HOSPITAL (institution) give street HARBOR HOSPITAL (institution) give street AND HOMEWOOD ROAD 11. MARITAL STATUS 1 Never Married 2 XXMarried 3 Widowed 4 Divorced 15. DECEDENT'S EDUCA (Specify only highest grade continue of the street of the s	4. SOCIAL SECURITY NUMBER 2 4	a. SOCIAL SECURITY NUMBER 2	4. SOCIAL SECURITY NUMBER 5. SEX 2 1	4. SOCIAL SECURITY MANGE S. SEC. 2 41 - 44 - 196 1 12 10 12 10 1 12 10 12 10 1 12 10 12 10 1 12 10	SOCIAL SECURITY NUMBER 2 41 - 44 - 16 1

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ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or a	AAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

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31. DATE FILED (Month, Day, Year)
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nter the diseases, or crock, or heart failure. It cause (Final andition eath) aliat conditions, g to immediate UNDERLYING see or injury events eath) LAST	coval from State 20b cem Ronald W complications that caused List only one cause on each complete to the complete to the complete to the complete to the cause on each complete to the compl	3745 PLACE AND DATE OF entery, cremetory or other ade, Diritate of the death. Do not each line. Consequence of: Consequenc	DORESS (Street of S. Mar. DISPOSITION (No. of place) 22. NAME AIR 655 Water the mo	18. MOTHER'S N/ Collic and Number or Rurel Garet S ame of ND ADDRESS OF FA N Balti de of dying, such Collic g cause given in ACE OF DEATH (CA NO 5 Residence URRY AT RK7 YES 2 NO	AME (First, Middle Care Route Number, Care Route Number, Care Route Number, Care Route Number, Care Route Number, Care Route Number, Care Route Number, Care Route Number, Care Rout	City or Town, Sta + O. MD 29c. LOCATIO State St, Ba or reapirator Performed YES 2 N	Anatlto, in y arrest,	25 r Town, State Omy Boar MD21201 Approximate interval Bate Onset and E 24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
Decondary (0-12) AME (First, Middle, Last) PS Vaughn T'S NAME (Type/Print) T'S NAME (Type/Print) TO PATADA F DISPOSITION Tremation 3 Remo- Condent (Specify) To FULERIAL SERVICE UCC TOCK, or heart failure. It AUSE (Final inditions, and it is a service under the dispesses, or conck, or heart failure. It AUSE (Final inditions, and it is a service under the dispesses, or conck, or heart failure. It AUSE (Final inditions, and it is a service under the dispesses or injury events eath) LAST Traignificant conditions FULL TYPE (Type Type Type Type Type Type Type Type	oval from State complications that caused List only one cause on ea DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A C. DUE TO (OR AS A	19b. MARLING A 3745 PLACE AND DATE OF elery, cremetory or other ade, D11 I the death. Do not ech line. CONSEQUENCE OF): CONSEQUENCE OF): ut not resulting in	DORESS (Street of S. Mar o	18. MOTHER'S N/ Collic and Number or Rurel Garet S me of NO ADDRESS OF FA N. Balti de of dying, such Collic accordance of DEATH (Cr	AME (First, Middle Gre Route Number, C St Bal DATE ACILITY MOTE Ch as cardlec Ch' LL Part I. 24e heck only one) 6 □ Other (Sp	E. Malden Surmi City or Town, Sta + O. MD 29c. LOCATIO State St, Ba or reapirator or reapirator WAS AN AUTO PERFORMED YES 2 N	Anatlto,	25 r Town, State Omy Boar MD21201 Approximate interval Bate Onset and E 24b. WERE AUTOPSY FIND AVAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
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Secondary (0-12)	College (1-4 or 5 +)	Drug/Al	cohol		er			te
	College (1.4 or 5 .)				1 Mas			4 -
15. DECEDENT'S EDUC	CATION completed)	16e. DECEDENT'S US (Give kind of wor life. Do NOT use	SUAL OCCUPATION OF during more tired.)	ON ost of working		OF BUSINES		Υ
ATUS ried 2 Merried 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, sp	CENDENT OF HISPA ecity Cuban, Maxic 2 NO Speci	an, Puerto Ricar		8	ACE — American Indian, lack, White, etc. pecify: White
D NUMBER 5 JACK PL	ACE		101		21225	101	. CITIZEN C	F WHAT COUNTRY?
LAND NA		10c. CITY,						10d. INSIDE CITY LIMITS? 1 YES 2 NO
OF DECEDENT			Balt:	imore			na	
		Tho.	Db. CITY, TOWN O	OR LOCATION OF D				Virginia F DEATH
URITY NUMBER	5. SEX 6. AGE (1		IF UNDER 24 HRS. HOURS MIN.	(Month, De	ey, Year)		RTHPLACE (State or Forei
the state of the s	NE PATTIE -		TOUC	HSTONE	2. DATE OF MONTH	DEATH 12 -	9-9-3	3. TIME OF DEATH
Die Comment	RITY NUMBER 22 2920 ME (If not institution, give s OF HOSPIT OF DECEDENT LAND NA D NUMBER	OF DECEDENT ONE (I not institution, give street and number) OF HOSPITAL OF DECEDENT IOD. COUNTY NA D NUMBER	OCHSTONE PATIVE S. SEX 1 M 2 F 71 VRS. lest birthdey) 22 29 20 1 M 2 F 71 VRS. The property of the prop	INITY NUMBER S. SEX C. 2 2 9 2 0 1 M 2 F 7 1 YRS. Rest birthdey) F. UNDER 1 YEAR WONTHS DAYS DE (If not institution, give street and number) O' HOSPITAL OF DECEDENT 100. COUNTY NA D NUMBER 100. CITY, TOWN OR LOCAL BAL D NUMBER	OCHSTONE PATIVE S. SEX 2 2 2 9 2 0 1 1 M 2 OF 7 1 YRS. BIONTHS DAYS HOURS MIN. OF DECEDENT LAND NA DECEDENT 100. COUNTY NA DECEDENT 101. COUNTY NA DECEDENT 102. CITY, TOWN OR LOCATION BALTIMORE DECEDENT 103. CITY, TOWN OR LOCATION BALTIMORE 104. CITY, TOWN OR LOCATION BALTIMORE DECEDENT 105. CITY, TOWN OR LOCATION BALTIMORE	WOUTH TOUCHSTONE MONTH OF DECEDENT DATE OF DECEDENT DOLL STONE OF A TOUCHSTONE OF DECEDENT DOLL STONE OF A TOUCHSTONE OF DECEDENT DOLL STONE OF A TOUCHSTONE OF A TOUCHS	NAME (First, Middle, Last) PATTIE VAUGHN TOUCHSTONE CONTROL PATTIE VAUGHN TOUCHSTONE TOUCHSTONE CONTROL PATTIE CONTR	WORTH PATIVE STONE WONTH DATE OF BIRTH B. B. B. COUNTY OF DECEDENT 100. CITY, TOWN OR LOCATION BALTIMORE 101. ZIP CODE 102. CITYEN CODE 103. AGE (in yrs. last birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) P. C. COUNTY OF DATE OF BIRTH SECONDARY OF DECEDENT 104. COUNTY OF DECEDENT 105. COUNTY OF DECEDENT 106. CITY, TOWN OR LOCATION BALTIMORE 107. ZIP CODE 109. CITIZEN CODE

HHC

32. REGISTRAR'S SIGNATURE

OF ATTENDED	DIFFERENCE AND	hours after the	A -1 00 -1
HOSPITH	FUNERAL	within 72	WALLE IS
TO THE	THE THE	be filed	THEODORAM
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,	DECEDENT'S NAME (First, Middle, La HILDA		IRBYLA						DATE OF MONTH	DEATH DA 05		YEAR 3	9:56
	4. SOCIAL SECURITY NUMBER	5. SEX		s. lest birthday)	IF UNDER	1 YEAR DAYS	IF UNDER 2		DATE OF	Day Month		B. BIRTH	IPLACE (State or Foreign)
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_	9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH							Н		9c. CDUN	Y OF D	EATH	
DIRECTOR	1729 WEST LOME		Г		BA	TIN	10RE	CITY					
2	10a. STATE 10b. COU			10c. CIT	TY, TOWN D	R LOCATI	ON						10d, INSIDE CITY
5	Md. Baltimore									LIMITS?			
١١									10g. CITIZI	EN DF V	VHAT COUNTRY?		
E E	1729 West Lor	mbard Stre	et				2:	1223			1777	USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	NT EVER IN U.S I YES 2 MAR OR DATES	S. ARMED	1	f yes, spec		, Maxican, I		Specify Yes an, etc.)	or No-	I4. RACI Blaci Spec	E — American Indian, k, White, etc. hy: White
2	15. DECEDENT'S E		164	. DECEDENT'S	USUAL OC	CUPATION	N		16b. K	IND OF BUS	BINESS/INDU	STRY	WITCE
1	(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done d se retired.)	during most	t of working						
COMPL				Homen	naker								
3	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NAME	(First, Mid	die, Malden	Surname)		
מ	(Unobtai	inable)					(Ur	nobta	inab	le)			
2	19a. INFORMANT'S NAME (Type/Print)						d Number o	or Rurel Rou	te Number,	City or Town	n, Statu, Zip (Code)	
		ITTIN		111 L	aver	n Ave	e., L	ansd	owne	, Md.	212	27	
	Christine M. Mullin 111 Lavern Ave., Lansdowne, Md. 21227 20a. METHOD OF DISPOSITION 1 Burlet 2 M Cremeting 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 111 Lavern Ave., Lansdowne, Md. 21227 20b. PLACE AND DATE PIECE DISPOSITION (Name of cemetery, cramatory or other piece) The Green Mount Cemetery 12/08 Balto. Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Homes												
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DIVISION	
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Clarence

MON 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 22 18-05 77 YRS permit, Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 10a STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE GIP funeral director, page 5 should be detached for use as the burial-transit 212 iours after death, Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES t3. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-BALTIMORE, MARYLAND 21215-0020 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: t Never Married 2 Married BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) ABORER THLE HEAM Once. 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle. UNKIDEWN to BE notified 19a. INFORMANT'S NAME (Type/Print) and Number or Rural Route Number, City or Town, State, Zio Code 2 NISE 1-K Balto 9 20a, METHOD OF DISPOSITION
t | Burlal 2 | Cremation 3 | 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must DATE Removal from State 4 Donation 6 Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY J Furenl imot attending physician and completely filled in by the intra Hygiene prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory shock, or heart fallura. List only one cause on each line. IMMEDIATE CAUSE (Final the disease or condition resulting in desth) neashanc The law requires that the death certificate be executed within event, DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury signed by the attending physiene Health and Mental Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initisted events resulting in death) LAST 0 Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? MEDICAL shows any has been s Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) r this certificate h h with the State [tem EXAMINER? HOSPITAL: OTHER 1 | YES 2 040 1 | Inpatient 2 | ER/Outpetient 3 | DOA ne 5 (Chasidenca 6 - Other (Specify) 6 27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED is marked, 1 Natural 2 Accident 1 YES 2 NO DIRECTOR: After the hours after death death v BY Investigation 28a. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Suicide 8 Could not be COMPLETED 28 4 Homicide tem 8 29e. CERTIFIER CERTIFYING PHYSICIAN: To the death occurred at the time, data and place, and due to the cause(a) and manner as stated. M (Check only one) PAL 2

18515 Jane

R. RECHTRAR'S SIGNATURE

AND ADDRESS, OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,

MO

MEDICAL EXAMINER: On the

Barnet

29b. SIGNATURE AND TITLE OF CERTIFIER

BE

2

Watts

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) itigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and menner as stated. 29d. DATE SIGNED (Month, Day, Year) 2120 DHMH-16 Rev 1/89

29c. LICENSE NUMBER

LOSSON

Proctice

terme

D37560

29 S. Paca St

24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE

36377

3. TIME OF DEATH

10:55

10d. INSIDE CITY

14. RACE — American Indian, Black, White, atc.

1 YES 2 NO

Interval Between

Onset and Death

8. BIRTHPLACE (State or Foreig

MD

10g. CITIZEN OF WHAT COUNTRY?

Specify:

9c. COUNTY OF DEATH

REG. NO.

2. DATE OF DEATH

TIES

REC	STRAR
1. DECED	ENT'S NAME (First, A
	MAI
4. SOCIA	L SECURITY NUMBER

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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THE STATE AND THE PROPERTY AND THE STATE AND		4. SOCIAL SECURITY NUMBER 5. SET	6. AGE (In yrs. lest birtho			8. BIRTHPL	ACE (State or Foreig
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ANALYSE STATUSE Note Description Secription Secr	Y Y	164. STREET AND NUMBER	A1.0	101. ZIP CODE		10g. CITIZEN OF WHA	AT COUNTRY?
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The part of the	ITE	· (Specify only highest grade complete	ed) (Give kind	f of work done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY	
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20. METHOD OF DISPOSITION Durier 2 Cremention Part Par		(9a. INFORMANT'S NAME (Typo/Print)	196. MAII	ING ADDRESS (Street and Number or Rural	Route Number, City or Town.	State, Zip Code)	
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BINDEDIATE CAUSE (Fine) Interval Be Int		* roseph 1	Viers	22221111	th lue	Bulks	m/21
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TOR	88. FACILITY NAME (II NOT INSTITUTE OF DEPOSIT OF DEPOS		enter	9b. CIT	y, town or Locat	TION OF DEA			TY OF DEAT	TH .
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5	Mr. James	Wyche.	JR. 2	931W	North	or or Rugal Ro	ute Number, 9	ty or Town, State, Zip	codes (2/2/
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32. REGISTRAR'S SIGNATURE

Julistaniser Rondalle

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

31. DATE FILED (Month, Day, Year)

DEC 1 4 1993

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TO THE ACCEPTAR. OF ATTENDING PROJECTAR. The see majority conflicts be executed within your after death. Page 5 may be retained by the hospital or attending physician.

TO THE FIRSTEN And THE confliction has been some by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made at the confliction of the page 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, La	st)					02/		2. DATE OF DEATH	MY		TIME OF DEATH
_ THOMAS				WAL	CERS	3		12 10	190	YEAR 3	6:34 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDE	DAYS	HOURS	9 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLA Country)	CE (State or Foreign
213-16-6994	1 M 2 D F	70	YRS.	MONTHS	UAYS	HOURS	mura.	1-23-192	3	,,	N.C.
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4541 Marble H	all Road					212:	39			USA	
100. STREET AND NUMBER 4541 Marble H 11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDE FORCES? IF YES, GIVE	NT EVER IN U.S. A 1 X YES 2 WAR OR DATES	ARMED NO	13.	If yes, sp		n, Mexic	NIC ORIGIN? (Specify Yean, Puerto Ricen, etc.)	e or No-	14, RACE — Black, WI	American Indian, offe, atc. Black
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Specify only highest grant Specify only highest grant Specify only highest grant Specify Speci	College (1-4 or 5	+)	ille. Do NOT u	se retired.)							
17. FATHER'S NAME (First, Middle, Last)								McCain	Sumame)		
	lters										
190. INFORMANT'S NAME (Type/Print) Hazel S. Walter	s		4541	1 Mar	s (Street) ble t	lall R	oad .	Route Number City or Ton Baltimore	, Md	21239	
20e. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 R 4 Donation 6 Other (Specify)	emoval from State	20b. PLAC	EAND DATE	OF DISPO	rest	_{ame of}				City or Town, Mills	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME A	ND ADDRE	SS OF F	KILITY			
> Glady	2 Wan	Cran			March 430	O Wa	west bash	Avenue			
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CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONS	EOUENCE O	F):							
	iona contributing to	death but no	t resulting	in the u	ndadvin	O COLLOR	alvan in	Part I. 24s. WAS AI	ALITOREV	Oak we	RE AUTOPSY FINDING
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	(Month,	Day, Year)		JURY M	W	ORK? YES 2 [T NO	Zed. DESCRIBE NOW	HIJUNT OCC	UNED	
2 Accident Investigation 3 Suicide 6 Could not determined	28e. PLACE	OF INJURY — At I, atc. (Specify)	home, farm,	street, fac				261, LOCATION (Street City or Town, State		or Rural Route	Number,
29a. CERTIFIER (Check only 1 CERTIFYING PH	YSICIAN: To the best of							e to the cause(e) end me			f manner as stated
29b. SIGNATURE AND TITLE OF CERTI							ENSE NU				
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30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAL		TEM 27) (Type	o, Print)				M.E.		12/11	/1993
THEODORE KING	M.D.	111	Pen		ree	et,	Bal	timore, 1	Maryl	Land	21201
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	4. SOCIAL SECURITY NUMBER 212- 36- 0808	5. SEX 1 🖄 M 2 🗍 F	6. AGE (In yrs	yrs.	MONTHS DAYS		7. DATE OF BIRTH (Month, Dey Year) UZ - 26 -			INIA
OR	9a. FACILITY NAME (If not institution, give FRANCIS SCOTT					LT IMORE	EATH	9c. COUNT	A A	ATH
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FUNERAL	100. STREET AND NUMBER 5901 SCHERING	ROAD				21206			N OF WI	STATES
BY	11. MARITAL STATUS 1 Never Married 2 Millerried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1, IF YES, GIVE W	YES 2 AFOR DATES	. ARMED	If you,		NIC ORIGIN? (Specify Y an, Puerto Rican, etc.) fy:	es or No- 1	4. RACE Black, Specify	- American Indian White, atc.
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) HIGH SCHOOL			(Give kind of life. Do NOT u	B USUAL OCCUPA: work done during i use retired.)	FION most of working	16b. KIND OF B		STRY	
	17. FATHER'S NAME (First, Middle, Last) WOODROW WOMACK	WOODROW R	RANDALL			16. MOTHER'S N.	AME (First, Middle, Melde WOMACK	n Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print) DOR IS WOMACK		Y	196. MAILING	O ADDRESS (Stree SCHER	ING RD.,	Route Number, City or R BALTIMORE	wn, State, Zip C	LANI	D 21206
	20a. METHOD OF DISPOSITION 1. Burlal 2 Cremation 3 Re	emoval from State	cametery	r, crematory or o			1	OCATION — CI		
1	4 ☑ Donation 5 ☐ Other (Specify)		GARE	RISON I		AND ADDRESS OF F		WINGS	MILL	LS, MD
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A MITERIA OF PHISICIAN. The law requires that the death cartificate be executed within 2, Ars after death. Page 6 may be retained by the hos	meaning the cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach an an an an an an an an an an an an an	m 26 is marted, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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OECEDENT'S NAME (First	t, Middle, Last) WENI	DELL			Whe				ov 20 1993 5:0			pm.	
357-10-558		6. SEX		yrs. lest birth	RS. MON	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mont	OF BIRTH th, Day, Year) 15-14		a. BIRTHPLACE (State or Fore Country) Illinois		reign
a. FACILITY NAME (# not	nstitution, give	street and number)			9b.	CITY, TOWN	OR LOCATION OF D	EATH		9c. COU	NTY OF C	EATH	
Saint Jo	sech He	papital				To	wson, Ma	arylan	d		Ba	itimore	T
RESIDENCE OF DE On. STATE	10b. COUNT	Y		100	city, to	WN OR LOCA	TION					10d, INSIDE CITY	
Maryland	Bal	timore			Tows	son						1 TES 2	NO
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	CEDENT'S EDU		3	(Give kir	nd of work	AL OCCUPATI		160	b. KIND OF BU	ISINESS/INC	DUSTRY		
Elementary/Secondary	(0-12)	College (1-4 or 5 4 yrs	+)		gine	,		,	Wester	n Ele	ectr	ic	
Arthur Hai		Wheeler					18. MOTHER'S N. Elsie		Middle, Maide Orlind				
e. INFORMANT'S NAME	Type/Print)						and Number or Rural						
Helen Whe				12	19 Di	ılaney	Valley	Rd.					
☐ Donation 5 ☐ Other	r (Specify)		of ce	emetary, cren	natory or o	DISPOSITION ther place) emetel	cy	12-		rkvil			
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93 36383 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, L.	eat)					2. DATE OF DEATH		3. TIME OF DEAT
	ABETH	WALKER					1993	YEAR
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last bi	rthday) IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Fo
224-16-9390	1 M 2 XF	78	YRS. MONTHS	DAYS	HOURS MIN.	Nov 25	1915	Virginia
9a. FACILITY NAME (If not institution, g	ive atreet and number)	1 70		Y, TOWN	OR LOCATION OF D			Y OF DEATH
Sinai Hospital				Ra 1	Ltimore			
RESIDENCE OF DECEDENT								
Sinai Hospital RESIDENCE OF DECEDENT 10a. STATE Maryland	UNTY		IOC. CITY, TOWN	OR LOCA	TION			10d, INSIDE CITY LIMITS?
1 10111 / 1011101			Balti					1 🔀 YES 2 🗌
10s. STREET AND NUMBER				10	H. ZIP CODE		10g. CITIZI	EN OF WHAT COUNTRY?
100. STREET AND NUMBER 5702 Bland Avent 11. MARITAL STATUS		NT EVER IN U.S. ARME			21215			SA
1 Never Married 2 Married	FORCES?	1 YES 2 NO	D 13.	If yes, sp	pecify Cuban, Mexic	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	es or No 1	 RACE — American India Black, White, atc.
3 Widowed 4 Divorced	IF YES, OIVE	WAR OR DATES		1 TYES	S 2 NO Speci	lfy:		Specify:
15. DECEDENT'S		16a. DECE	DENT'S USUAL C	CCUPATI	ION	16b, KIND OF B	USINESS/INDU	Blac Blac
Elementary/Secondary (0-12)	rade completed) College (1-4 or 5	Who Do	kind of work done NOT use retired.)	during mo	ost of working			
7th Grade 17. FATHER'S NAME (First, Middle, Last			Domest	ic				
17. FATHER'S NAME (First, Middle, Last)	714-718	DOMICO		18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)	
William Striblin	not				Gert	crude Rose		
19a. INFORMANT'S NAME (Type/Print)		19b. N	AILING ADDRES	S (Street		Route Number, City or To	wn, State, Zip C	Code)
Aline V. Hall		570	02 Blan	d Av	renue	Baltimore	, Mary	land 21215
20e. METHOD OF DISPOSITION	Ramoval from State	20b. PLACE AND	DATE OF DISPO	SITION (N	lame of			ty or Town, State
4 Donation 6 Other (Specify)		_ Wester	n Star	Ceme	etery	12/10 B	altimo:	re County,
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	/	22.	NAME A	ND ADDRESS OF F	ACILITY Nutter	Funer	al Homes, I
DA TL	2. TEN	1000	2	501	Gwynns I	falls Park	way 1216	
23. PART I. Enter the diseases.	or complications th	at caused the deeth						nt, Approxima
ahock, or heart faile	ire. List only one ca	y'se on each line.					,	interval B
iMMEDIATE CAUSE (Final disease or condition		Carde	ac a	111	it			lun
reaulting in death)	DUE TO	(andu	INCE OF):			/		
		CAD	+ C+	HF.	-U	umic		41
Sequentially list conditions, If any, leading to immediate	DUE TO	O (OR AS A CONSEQUE	ENCE OF):		-10			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c							
that initiated events	DUE TO	O (OR AS A CONSEQUE	ENCE OF):					
I I I I I I I I I I I I I I I I I I I	d							
DARY II Other staniffered condi	itiona contributing to	deeth but not read	uiting in the u	nderiyln	ng Cause given in		N AUTOPSY	24b. WERE AUTOPSY FI
3						PERFO	PRMED?	AMPLABLE PRIOR COMPLETION OF C
PART II. Other algrinicant condi							2 5 110	OF DEATH?
25. WAS CASE REFERRED TO MEDICA	iL			26. P	LACE OF DEATH (C	heck only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpetient 3 🗆	DOA 4 Nu	A:		6 Other (Specify)		
27. MANNER OF DEATH	26a. DATE O	F INJURY 2	8b. TIME OF	28c. IN.	JURY AT	26d. DESCRIBE HOW	INJURY OCCU	IRED
1 Natural 5 Pending		Day, Year)	INJURY M		ORK? YES 2 NO			
2 Accident Investigati	28a. PLACE	OF INJURY — At home,	, form, street, fac	tory, offic	ce	281. LOCATION (Street		r Rural Route Number,
4 Homicide determine		, att. (opocity)				City or Town, State	,	
II 29a, CERTIFIER	HYSICIAN: To the best of	of my knowledge, death	occurred at the	1lme, dete	e and place, and du	a to the cause(a) and m	anner as states	1.
e onei								cause(s) and manner as a
5	- 1	//	1		29c. LICENSE NU			SIGNED MONTY Day, Wast
III 29th SIGNATURE AND TITLE OF CERT		// .		211	N	26)	- 1	11.61
296. SIGNATURE AND TITLE OF CERT	Han	MAN	w	MA	11125	11	P /.	219191
III 29th SIGNATURE AND TITLE OF CERT	WHO COMPLETED CAL	UUU JSE OF DEATH (ITIM 2	T) (Nov. Pine)	M)	152	155	1 /-	49/93
290. SIGNATURE AND TITLE OF CERT	WHO COMPLETED CALL	USE OF DEATH STEP 2	01 - 1100-2	212	1052	Al	an	Kump
290. SIGNATURE AND TITLE OF CERT	CO (d Ser	USE OF DEATH WITH 2 ON G AR'S SIGNATURE ON Reveal C	01 - 1100-2	2/2	1052	Al	an	Kumey

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₽₽% ₹	TO THE HOSPIAL DR ATTENDIAN: The law requires that the deam behalicable within a count of the hospital or attending physician. TO THE FUNERAL DIRECTOR: A that this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Heat 23 shows any filled property in the market. The market of the filled property of the filled property in the market of the filled property of the filled
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH		GIENE	93	36	384
Margaret S. Weidenhan	2. DATE OF DI	EATH DAY	YEAR	3. TIME OF D	

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC			REG. NO 2. DATE OF DEATH		3. TIME OF DEATH	
ı		Margaret	S. Weidenh	an		12 1		AR	
	4. SOCIAL SECURITY NUMBER 212 03 6678	5. SEX 6. AG		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 08/23/18	8.8	BIRTHPLACE (State or Foreign Country) Maryland	
Г	Sa. FACILITY NAME (If not institution, give at				R LOCATION OF DE		9c. COUNTY		
-	North Arundel	Convalescer					Anne Arundel		
	3	e Arundel		timore	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	200 West 4th Av	enue		101	21225			OF WHAT COUNTRY?	
ı	11. MARITAL STATUS 1 \(\overline{\text{Married}} \) Never Merried 2 \(\overline{\text{Married}} \) Merried 3 \(\overline{\text{Widowed}} \) 4 \(\overline{\text{Divorced}} \)	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes, sp		IIC ORIGIN? (Specify Year, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, atc. Specify: White	
-	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5 +)	16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo	DN st of working	16b, KIND OF BU	SINESS/INDUST	RY	
	6th Grade		Operato	r		C & P	Teleph	none Company	
	17. FATNER'S NAME (First, Middle, Last) A	ugust Wei	idenhan	1115	16. MOTNER'S NAI	ME (First, Middle, Maiden	,		
	19a. INFORMANT'S NAME (Type/Print)					Toute Number, City or Tow		,	
	Elizabeth Weide	nhan	200 Wes	st 4th	Avenue	Baltimor	ce, Mar	yland 21225	
	20a. METHOD OF DISPOSITION 1 String Burlal 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)		NOB. PLACE AND DATE OF COMPETER YOU CAT NEW Cathed			1	ocation - city 1timore	or Town, State Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LICI	ENSEE	- A.	Georg		се Funeral	L Home		
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A:	S A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	Jan.	eine	trave		Onset and De	
	PART II. Other eignificent conditions		but not resulting in the		g cause given in	Part I. 24a, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF OCATH? 1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (Che			1 123 2 100	
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Year	Y 28b, TIME O	F 28c. INJ		28d. DESCRIBE NOW I	INJURY OCCUR	ED	
		26s. PLACE OF INJU	RY — At home, farm, stre	et, factory, offic		28f. LOCATION (Street City or Town, State)		Bural Route Number,	
	3 Suicide 6 Could not be determined	building, atc. (S	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only CERTIFYING PNYSIC	IAN: To the best of my kn	owledge, death occurred a					use(s) and menner as atatec	

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1. DECEDENT'S NAME (First, Middle, Leat)			LNIII	ICATE	OF DEATH	2. DA	TE OF DEATH		1 2	TIME OF DEATH
	SARAH F. I	VOODRUFI	F				MOI	VIIII,	DAY		12:35 A
	4. SOCIAL SECURITY NUMBER 218-22-0166	5. SEX	6. AGE (In yrs. la		IF UNDER 1			TE DE BIRTH	311	8. BIRTNPL	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give	1 M 2 TF	82	YRS.				14/19			eap Odis
E E	UNION MEMORIAL H					IMORE CI			9c. COUN	TY OF DEAT	IN MIN
5	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland 10b. COUNT				ry, town on	City, Mo	d.				LIMITS?
	10e. STREET AND NUMBER					101. ZIP CODE			10g. CITIZ		YES 2 ND
FUNERAL	1204 Nort	h View	Rd.		13	2	1218		Unit	ed S	Statess
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FDRCES?	NT EVER IN U.S. A 1 ☐ YES 2 [X] WAR OF DATES		13. WAS DECENDENT OF HISPANIC O If yes, specify Cuben, Maxican, Pu 1 YES 2\(\subseteq \) ND Specify:				Puerto Rican, etc.) Black, 1		
	15. DECEDENT'S ED		16a. D	ECEDENT'S	USUAL OCC	JPATION ing most of working	ī	66. KIND OF	BUSINESS/INDU	ISTRY	
COMPLET	Elementary/Secondary (0-12) 12th Grade	4 years	+)			ng most of working Lian Pe.	rsona	1. U	.S.Gov	rt t	
OMP	17. FATHER'S NAME (First, Middle, Last)	4 years	, С1	CIN	CIVI.		'S NAME (Firs				
ш		Herman	n Fager	stro	om	Jul			Ander	son	
10 8	19a. INFORMANT'S NAME (Type/Print)	2 5.5	16			treet and Number or I				Code)	
		odruff,				Ls Rd.B					
	20e. METHOD OF DISPOSITION 1 Buriel ZEPremation 3 Ref 4 Donation 6 Other (Specify)	noval from State	Met 1	and date	of DISPOSITI	ory,Inc	.12/	TE 20c.	atons		
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE	neto.			ME AND ADDRESS			lto.Mo		
	· Stole 1)				Mc	Cully F	unera				
	23. PART I. Enter the diseases, or	complications the	at caused the d	aath. Do	not enter th	a mode of dying,	such as co	rdiac or re	apiratory arre	et,	Approximate
	shock, or heart fallure IMMEDIATE CAUSE (Finel			t							Onset and De
	disease or condition resulting in death)	. W	O (OR AS A CONSE Nenngi	N							6 d
,		DUE TO	renunci	tus	NF):						61
CATION	Sequentially list conditions, if any, leading to immediate	U-	OR AS A CONSE								W a
3	cause. Enter UNDERLYING CAUSE (Disease or injury	c									
CERTIFI	that initiated events resulting in death) LAST	DUE IC	O (DR AS A CONSE	QUENCE C	PF):						
S		d						_			
EDICAL	PART II. Other algoriticant conditions algorithms algorithms and algorithms a	na contributing to	o death but not	resulting	In the unde	rlying cause give	n in Part I.		AN AUTOPSY FORMED?	AV	ERE AUTOPSY FINDIN MILABLE PRIOR TO EMPLETION OF CAUS
Ē	HTW							1 TYES	2 (D/NO	01	DEATH?
Σ.	Alakermen	1 Quea	0-							1	YES 2 ND
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				~	26. PLACE OF DEAT	H (Check only	one)			
YSI	1 TES 2 ND	-	☐ ER/Outpatient	_		Home 5 🗆 Reside	ence 6 🗆 Ot	her (Specify)			
ВУ РН	27, MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	N	Day, Year)		JURY M	C. INJURY AT WORK?	o A	ILA	W INJURY OCC		
ETED	3 Suicide 6 Could not be 4 Nomicide determined	building	Dif INJURY — At his, etc. (Specify)	N/A		, ornica	281. 6	ty or Town, St	eet and Number o	or Hurai Houl	Number,
COMPL	Check only 1 CERTIFYING PHYS										nd manner as atale
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	ER Mondel	Resame, W	D.		29c. LICENS	E NUMBER		29d. DATE	SIGNED (M	onth, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HD COMPLETED CAL	USE OF DEATH (ITE	EM 27) (Type	a, Print)		_		10	1101-	()
	E.M. du 805A		Union			Korji	Enl	Ba	eto M	0	
	31. DATE FILED (Month, Day, Year)		AR'S SIGNATURE								
	DEC 141993	Julia	Sinden	molecu	-						

		1 - FOR STATE REGISTRAR	STATE OF I	MARYLAND /		RTMENT O				YGIENE EG. NO.	93	36386	
		1. DECEDENT'S NAME (First, Middle, Lest)	Blank	ke		WIL	SON		2. DATE OF D MONTH DECEMBER	DAY	YEAR 1092	3. TIME OF DEATH 5:30 PM	
		4. SOCIAL SECURITY NUMBER 215-07-6044	5. SEX 1	6. AGE (In yrs. les	st birthday) YRS.	IF UNDER 1 YE	AR IF UNDE	ER 24 HRS.	7 DATE OF B	-	17/0	PLACE (State or Foreign	
3 should	JR	90. FACILITY NAME (If not Institution, give s Good Samaritan		L	96. CITY, TOWN OR LOCATION OF DEATH Baltimore						OUNTY OF DE	ATH	
\$ 1, 2,	يظ	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY			1								
permit. Pages	L DIRECTOR	Maryland 100. STREET AND NUMBER	N/ A		10c. CII	Bal	timore					10d. INSIDE CITY LIMITS? 1 ALES 2 NO	
. 18	NERAL	1321 Crofton					101. ZIP COI	239			USA	HAT COUNTRY?	
21215-0020 If or attending physician. For use as the burial-transit	BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AR	MO If yes, specify Cuban, Mexican, Puerto Rican, etc.)					ecify Yes or No-	tes or No- 14. RACE — American Indian, Black, White, etc. Specify: White		
	APLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)		+) (G	ecedent's live kind of to Do NOT us		PATION g most of work	ding	16b. KINI	of Business/			
MARYLAND 2 retained by the hospital 5 should be detached to notified at once.		17. FATHER'S NAME (First, Middle, Last) Arnold Blanke					18. MO		a L.	, Maiden Surname			
, MAR be retained ge 5 should a notified		190. INFORMANT'S NAME (Type/Print) R. Taylor McLean		198						ty or Town, State, TOWSON		land 21204	
ALTIMORE, leath. Page 6 may be funeral director, page xaminer must be		20e. METHOD OF DISPOSITION 1 Burlel 2 Differention 3 Remote 1 Department 2 Clark (Section)	. 1/	20b. PLACE / lery, cre CPC	AND DATE	of disposition they place)	N /Neme of		DATE	Baltimo	— City or Tow	rn, State	
BALTIMORE, nours after death. Page 6 may be or removal. medical examiner must be 1		Dennis Stephen	wilme	ek	0640	22. NAN	E AND ADDR	ess of fa Mitc	hell-Wi	iedefelo	d Home		
760, d within 24 hours aftu pmpletely filled in by to, cremation, or remove event, the medica		23. PART I. Enter the diseasea, or o shock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Control one cau	nt ceuaed the de use on each line	eth. Do r	not enter the	mode of d	ying, suc	h as cerdlec	or respiratory	arrest,	Approximate Interval Between Onset and Death	
2.O. BOX 687(I certificate be executed ording physician and con Hygiene prior to burial, or other traumatic er	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	C STE	DOENCE OF	r):	MITR	n F	NEGUR	.617A T	100	Years	
RECORDS, I requires that the deat een signed by the atter of Health and Mental shows any Injury,	: MEDICAL	PART II. Other significent condition	s contributing to	death but not r	esulting	In the under	lying ceuse	given in		WAS AN AUTOPS PERFORMED? YES YE NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
AN: The tifficate has e State D	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	- HILLIAN		OTHER:	6. PLACE OF I						
Pertif	РНУ	27. MANNER OF DEATH	28e. DATE OF (Month, D.		28b. TIM	E OF 28c	. INJURY AT WORK?		8 Other (Spe 28d, DESCRIB	E HOW INJURY O	CCURED		
ITSION UTTENDING CTOR: After after death	I III I	2 Accident Investigation 3 Suicide a Could not be determined	28e. PLACE O building,	OF INJURY — At ho.	me, farm, s		YES 2	NO	28f. LOCATION City or Tox	(Street and Numl vn, Stete)	ber or Rural Ro	ute Number,	
PITAL OR A ERAL DIREC in 72 hours T: 1f item	COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE										and menner as stated.	
TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT; If it	TO BE CO	29b. SIGNATURE AND TITLE OF CENTURIES	-f	MD	#(002		CENSE NUM		29d. D.	ATE SIGNED (Month, Day, Year) 3ER 10,1993	
		30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH /ITEL	4 27) (700	Print)			1 1			-	

MIO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

VIRGILIO

M. AGULLAR, JR., MD

5601 LOCH ROVEN BLUD, BRITIMORE MD 21239,

	1 - FOR STATE REGISTRAR	STATE OF MARY	YLAND / DEPART CERTIFI	MENT OF	HEALTH AN	D MENTAL HYGIEN		3 36381
		INE ZAN				2. DATE OF DEATH MONTH	10 9	S YOSD
œ	4. SOCIAL SECURITY NUMBER, 214-44-3407 99. FACILITY NAME (If not institution	1 M 2 F	J J YRS.		N OR LOCATION O	(Month, Day, Year) 9-12-19		BIRTHPLACE COUNTRY) ARYLAND OF DEATH
DIRECTOR	FRANCIS SCOT RESIDENCE OF DECEDE 10a. STATE 10b. 0 MARYLAND		10e. CITY	BAL, TOWN OR LO				10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL C	100. STREET AND NUMBER 509 S. MILTO	IN AVENUE	DAL	TIMOR	101. ZIP CODE 21224		10g. CITIZEI	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE	ES 2 NO	If yes,	DECENDENT OF HIS	BPANIC ORIGIN? (Specify Yeaxican, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify:
APLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 6 YEARS	'S EDUCATION It grade completed) College (1-4 or 8 +)	16e. DECEDENT'S L (Give kind of w life. Do NOT use HOMEMAI	ork done during retired.)	ATION most of working	16b, KIND OF BU	SINESS/INDUS	TRY
BE COMP	17. FATHER'S NAME (First, Middle, LI THOMAS MCGEE				?	NAME (First, Middle, Malden		
10	190. INFORMANT'S NAME (Type/Prin VRS. ETHEL ZA 200. METHOD OF DISPOSITION					THE ROUTE Number, City or Tow		
L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in dasth) LAST	B. DUE TO (OR A DUE TO (OR A d.	A CONSEQUENCE OF	UMO;	AILUA THORA DIAC	E CT S ACRES	restory arrest	Approximate Interval Betwee Oneet and De
AN: MEDICAL	25. WAS CASE REFERRED TO MEDI					PERFOR	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/O 28e. DATE OF INJUF (Month, Day, Yea	Av 28b. TIME	OTHER: 4 - Nursing H	PLACE OF DEATH IOMe 5 Residen INJURY AT WORK?	ice 6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCUP	ED
ED BY	Natural 5 Pending Investig 3 Sulcide 6 Could r 4 Homicide determin	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm, st	M 1[YES 2 NO	28t. LOCATION (Street City or Town, State)	and Number or	Rural Route Number,
BE COMPLET	29a. CERTIFIER (Check only	PHYSICIAN: To the best of my kn (AMINER): On the basis of examina			n, death occured at	the time, date and place, an	d due to the c	ause(a) and manner as stated.
TO	30. NAME AND ADDRESS OF PERSON C MON (10 31-DATE FILED (Month, Day, Year) L I 4 1993	ON WHO COMPLETED CAUSE OF ST. REGISTRAR'S SI	WELLOU	Print)	5.1254	۶.۵.	/	/

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1. DECEDENT'S NAME (First, Middle, Last	2)			DEATH	REG. NO		3. TIME OF DEATH
CHARLOTTE	,	ABRA	MSON			2. 19	YEAR
4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7	DATE OF BIRTH		B. BIRTHPLACE (State or Foreign
183-16-7476 Se. FACILITY NAME (If not institution, give	1 🗆 M 2 💢 F	/8 YRS.		HOURS MIN. O			CONNECTICUT
2609 KENNISON L				OWIE			CE GEORGES
MARYLAND PRI	NCE GEORGES		TOWN OR LOCATE	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 2609 KENNISON	LANE		10f.	20715			TED STATES
11. MARITAL STATUS 1 Never Married 2 Merried 3.XXWIdowed 4 Divorced	12. WAS DECEDENT EYER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 WNO	If yes, spe-	ENDENT OF HISPANIC city Cuban, Mexican, I 2 NO Specify:	ORIGIN? (Specify Ver Puerto Rican, etc.)		14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)		16e. DECEDENT'S C (Give kind of wo life. Do NOT use HOMEMA	ork done during mos retired.)	N t of working	16b. KIND OF BU	SINESS/INDO	
17. FATHER'S NAME (First, Middle, Last) MAURICE VOLOV	ICK	HOPEPIE	INEK	18. MOTHER'S NAME			HOTIE
19a. INFORMANT'S NAME (Type/Print) ROSLYN SILVER	STEIN			N LANE -	te Number, City or Tow		
20s. METHOD OF DISPOSITION Burlel 2 Cremation 3 Red 4 Donation 6 Other (Specify)	moval from State	Ob. PLACE AND DATE OF the metery, crematory or oth JUDEAN MEN					MARYLAND
21. SIGNATURE OF FUNERAL SERVICE L	LICENSEE	nl	DANZAN		BERG MEMO		CHAPELS, INC.
23. PART I. Enter the diseases, or shock, or heart failure	complications that caus	and the street. The second					Darma GOOJG
iMMEDIATE CAUSE (Final disease or condition resulting in desth)	8	SEPSIS		is of dying, such a	a cardiac or reap	fretory arri	Approximata interval Betwee Onset and Ds
disease or condition	S. DUE TO (OR AS	sech line.):	is of dying, such a	a cardiac or reap	iretory arre	Approximata interval Betwee Onset and Ds
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant conditions.	b. DUE TO (OR AS	SEPSIS A CONSEQUENCE OF B A CONSEQUENCE OF B A CONSEQUENCE OF B A CONSEQUENCE OF	te imb	alance	a cardiac or reap	Iretory arre	Approximate interval Betwee Onset and Ds 3-4 wk
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions and the cause.	b. DUE TO (OR AS c. DUE TO (OR AS d. DUE TO (OR AS itus Ulcar HOSPITAL: 1 Inpelient 2 ERVOR (Morith, Day, Year	SEPSIS A CONSEQUENCE OF) B A CONSEQUENCE OF) B DUT NOT resulting in A CONSEQUENCE OF) B DUT NOT RESUlting in A CONSEQUENCE OF) B DUT NOT RESUlting in A CONSEQUENCE OF)	ta imb adequ the underlying the underlying the underlying 26. PLJ OTHER: 4 Nursing Home WOF M 1 YI	d lance ate nut couse given in Pa	rt I. 24a, WAS AN PERFOR	I AUTOPSY RMED?	Approximate interval Betwee Onset and Ds 3 - 4 wk wk wk wk wk
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DHMH-16 Rev 1/89

REG. NO.

use as the burial-transit permit. Pages 1, 2, 3 should

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detached

the funeral director, page 5 should be

filled in by t

and com executed

within

FOR STATE REGISTRAR

68760,
BOX 6
P.O.
CORDS
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VITAL
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The

OH ATTENDING PHYSICIAN:

HOSPITAL

2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR ///www. Nicholas H baugh . SR 1030 A 11-20-4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) Oct. 15, 1917 IF UNDER 1 YEAR IF UNDER 24 HRS. S. BIRTHPLACE (State or Foreign DAVE HOURS 1 💹 M 2 🗌 F 76 217-10-9503 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Frederick Memorial Hospital Frederick Frederick 18h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick 1 YES 2 X NO FUNERAL 10e, STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8328-B Walter Martz Road 21702 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, P

1 YES 2 NO Specify: BY IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 11 Dairy Farmer Agriculture Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 Jasper ALBAUGH Cecilia HENDRICKSON notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Nicholas Albaugh 8524 Walter Martz Road, Frederick, Md. be 20a. METHOD OF DISPOSITION

1 M Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 M Burlal 2 Cremation 3 4 Donation 5 Other (Specify) Mount Olivet Cemetery, Nov. 23, 1993

22. NAME AND ADDRESS OF FACHLITY Frederick, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE llan Keeney & Basford P.A. Funeral Home 23. PART I. Enter the diseases, or complications that sused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one case on each line.

IMMEDIATE CAUSE (Final medical Approximate Interval Between Onset and Death ъ IMMEDIATE CAUSE (Final completely filled rial, cremation, the disease or condition ances 2mos. resulting in death) event. DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) attending physician a if any, leading to immediate cause. Enter UNDERLYING **CAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 has been signed by the atter Dept. of Health and Mental 23 shows any injury, PART II. Other eignificent conditions contributing to death but not resulting in the undarlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO 1 YES 2 NO CDMPLETION DF CAUSE OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO Item 26. PLACE OF OEATH (Check only one) OTHER: Inpetient 2 ER/Outpetient 3 DOA e 5 Residence 6 Other (Specify) 27. MANNER OF OEATH 26e. OATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Netural 2 Accident 5 Pending Investigation 1 YES 2 NO В 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide ETED. 6 Could not be 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER
1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. COMPL FUNERAL within 72 t MPORTANT: 17 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, impro opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Menth, Day, Year) 불분물 de 193 man 11/21 PPS 2 ETED CAUSE OF OEATH (ITEM 27) (Type, Print) Robert Kaufmann. M.D. 300 West Ninth Street, Frederick, Md. 21701 Year) 32. REGISTRAR'S SIGNATURE Julia Savidson-Randell NOV24 1993

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR				CERT	TIFIC/	ATE C	F DEA	HTA		REG. NO					
1. DECEDENT'S NAME (First	, Middle, Last)	JOHN	MATT	HIAS		KNECI				OF DEATH			3. TIME OF DEAT	тн	
John	MATHA				1114.11	. WILL	.11.		Ded		199.5	YEAR	128 0	М	
4. SOCIAL SECURITY NUME	BER	5. SEX	8. AGE (In	yrs. last birthe		MDER 1 YE		ER 24 HRS.	7. DATE	OF BIRTH	1112	8. BIRTH	PLACE (State or Fo	oreign	
187-12-348	35	1 🖾 M 2 🗆 F	72	YF	RS. MON	THE DAY	/B HOURS	MIN.		th, Day, Year)	920	Penr	nsylvani	ia	
9e. FACILITY NAME (If not in	stitution, give s	treet end number)		 :	9b.	CITY, TOY	VN OR LOCA	TION OF D		. 20/2	_	ITY OF DE		La	
12513 Regwo	ood Rd	•				Hyd	des				R:	altin	mre		
RESIDENCE OF DEC											1 14		OTE		
Managal and	10b. COUNTY			10c.	. CITY, TO								10d. INSIDE CITY	f	
Maryland	Balt:	imore			ŀ	lydes	<u> </u>						1 🗌 YES 2 🔯	NO	
10e. STREET AND NUMBER							10f. ZIP CO	DE			10g. CITI	ZEN OF W	HAT COUNTRY?		
12513 Regwo	ood Rd	•					2	21082	2		Ţ	JSA			
11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1				13. WAS	DECENDENT	OF HISPA	NIC ORIOI	N? (Specify Yes	or No-	14. RACE	— American India	en,	
1 Never Married 2 3 Street		IF YES, GIVE W					, specify Cut YES 2 X NO			riican, etc.)			Black, White, etc. Specify:		
		I WII											White		
(Specify only	EDENT'S EDU	completed)	1	(Give kind	d of work a	tone during	ATION most of work	king	161	KIND OF BU	SINESS/IND	USTRY			
Elementery/Secondary (0	College (1-4 or 5+)				Machinist					Manu	facti	rino	ıg		
17. FATHER'S NAME (First, M	Medelle d 43			Mac	chini	LST									
										Middle, Maiden					
Anthony —		nknecht		1		_	Anr			Zupeci					
										ber, City or Tow		Code)			
Anna L. Kot			_					axin	os,	Pa. 17					
130 Burial 2 D/Cometic	n 3 M fining	gival from State		LACE AND DA	or other pl	lace)			DAT		CATION —	City or Tow	n, State		
Donation /5 / Other		America of	ISt.	. Edwa	ards		etery		2-6-	93 S	hamok	in,	Pa.		
Alle .	. 4//	7//		1			and Addr			s TTT	Funer	al H	lome, P.	Δ	
1100000	WX.	1/0 (80)	124	-	i								d. 2100		
23 PART I. Enter the di	éceses, or c	omplicatione that	ceused t	he deeth. [Do not e	nter the	mode of d	ying, suc	h as car	dlec or respi	ratory arr	ent.	Approxima		
ehock, or the IMMEDIATE CAUSE (Fin	eert fellUre.	Liet only one ceus	e on eec	h line.							,		Interval B	etween	
disesse or condition	101	0 100	0. 4	C. A		. \							Onset and	I Death	
reculting in death)	,	DUE TO (R AS A C	ONSEQUENC	CUby (I	wyp	(Desc)								
	_	_			/	/							j		
Sequentially list conditi If any, leading to immed		DUE TO (OR AS A C	ONSEQUENC	E OF):		_						-		
cause. Enter UNDERLYI	NG												İ		
CAUSE (Disease or Inju that initiated events	ν,	DUE TO (R AS A C	ONSEQUENC	E OF):								1		
resulting in death) LAS	т 📗 ,	d.											!		
DART II ONI III															
PART II. Other significa		s contributing to o	eeth but	not resulti	ng In the	e underly	ying cause	given in	Part I.	24a. WAS AN PERFOR			WERE AUTOPSY FI		
	Me									1 TES 2	NO		COMPLETION OF C	AUSE	
													1 YES 2 N	NO	
5. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSBITAL					PLACE OF	DEATH (Ch	eck only o	10)					
YES 2 NO		HOSPITAL:	ER/Outpati	ent 3 🗆 DO		HER: Nursing H	tome 5	Reeldence	6 🗆 Othe	r (Specify)					
7. MANNER OF DEATH		28e. DATE OF II (Month, Day		28b.	TIME OF	28c.	INJURY AT WORK?		28d. DE:	SCRIBE HOW I	NJURY OCC	URED			
	Pending investigation		,			M 1[YES 2	□ NO							
3 Suicide 6	Could not be	28e. PLACE OF building, e	INJURY -	At home, far	rm, street,	factory, o	ffice		281. LOC	ATION (Street e	nd Number	or Rural Ro	ute Number,		
4 Homicide determined building, etc. (Specify)							Unity	or rower, state)							

PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should lin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

URITALY: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

9

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death

29c. LICENSE NUMBER

001025

PERSON WHO COMPLETED CAUSE OF BENTH (ITEM 27) (Type, Print)

D 1 E. Charage

32. REGISTRAP'S SIGNATURE

A Savidon- Handele 2. Fel sente

31. DATE FILED (Mohith, Day, Your)
DEC 00 '93

296. SIGNATURE AND TITLE OF CERTIFIER

4 Homicide

29d. DATE SIGNED (Month, Day, Year) ► Oac 2,1933

0.75

(A)

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR		CERTIF	CATE O	F DEATH	REG. NO).			
		1. DECEDENT'S NAME (First, Middle, Last) Janice Pu	ckett Aik	en			2. DATE OF DEATH MONTH 2,	* 1 993 * E	3. TIME OF DEATH 8:47 AM		
P		4. SOCIAL SECURITY NUMBER 579-12-6809	5. SEX 8. AGE 1 M 2 🗡 F	(In yrs. lest birthdey) 75 YRS.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Morith, Day, Year) June 10,		BIRTHPLACE (State or Foreign Country)		
2, 3 should	OR	9a. FACILITY NAME (If not Institution, give str 4018—A Night Her			% city, row Wald	Orf	EATH	ec. county Cha	of DEATH arles		
-	DIRECTOR	10a. STATE 10b. COUNTY Maryland	harles	10c. CITY	Waldo				10d. INSIDE CITY LIMITS?		
sit permit.		100. STREET AND NUMBER 4018A Night Hero	on Ct.			101. ZIP CODE 20603			1 TYES 2 NO OF WHAT COUNTRY?		
as the burlat-transit permit. Pages	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S ZN NO	If yes,	DECENDENT OF HISPAL apocify Cuban, Mexico (ES 2 NO Specif		T KO	RACE — American Indian, Black, White, etc. Specify: White		
Se 98	9	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUPA	ATION	16b. KINO OF BU	JSINESS/INDUST			
hed for use	APLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Commerci		most of working	Federa	al Gove	rnment		
be detached at once.	E COMP	17. FATHER'S NAME (First, Middle, Lest) William Bryant F	Puckett				R. Chapmar				
5 should notified	TO B	19a. INFORMANT'S NAME (Type/Print) Hardy Lovell Fra	ncis	196. MAILING 4018-	ADDRESS (Street	et and Number or Rural it Heron C	Route Number, City or To.	vn. Stete, Zip Coo	20603		
director, page er must be		20a. METHOD OF DISPOSITION 1 St Burial 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	val from State	Db. PLACE AND DATE OF THE PLACE AND DATE OF	of Disposition	(Name of	0ATE 20c. LG	ocation - chy	or Town, State		
tuneral dire.	1	21. SIGNATURE OF FUNERAL SERVICE LIQU	Sichau	~	22. NAME	AND ADDRESS OF FA	CILITY				
		Mark G. Bro	ohawn M0005	ed the death. Do n	P. C	hox 156	. Waldorf	MD 20	604-0156 Approximate		
completely filled in by the fall, cremation, or removal selections or removal.		shock, or heart fellure. L	list only one cause on	each line.			in as calculated of least	matory street,	Interval Between Onset and Death		
physician and comp ne prior to burial, c ner traumatic eve	CATION	disease or condition resulting in death) Due to (or as a consequence of): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING Diabrus Mulli-Ms									
anding phy if Hygiene p or other	CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	fise	se.					
A Pud	DICAL	Cribrova Scula	contributing to deeth	but not resulting in	n the underly	ring ceuse given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
certificate has been signed in the State Dept. of Health d, or Item 23 shows an	M		10				1 _ YES	2 Clyno	OF DEATH?		
cate has State Dep	YSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEATH (Ch	seck only one)				
he Sta	YSI	1 TYES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou			lome 5 Residence	\$ ☐ Other (Specify)				
death with I s marked,	ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)		URY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ĒD		
28 IS	ETED	3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUR building, atc. (Sp	RY — At home, farm, s	treet, factory, o	ffice	281. LOCATION (Street City or Town, State	and Number or R	turel Route Number,		
nd 64 mm	COMPLE		ZAN: To the best of my kno						use(a) and manner as stated.		
TO THE FUNERAL be filed within 72 to IMPORTANT: If	BE	29b. SIGNATURE AND TITLE OF CERTIFIER	NO)	· · · · · · · · · · · · · · · · · · ·		29c. LICENSE NUI		29d. DATE SIG	GNED (Month, Day, Year)		
	5	30. NAME AND ADVRESS OF PERSON WHO Dr. Cyrus Nemati,				emple Hil	ls, MD				
		31. DATE FILED/(Month, Dey. Year) DEC 0 6 1993	32. REGISTRAR'S SIG								

MATTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

36392 93

	1. DECEDENT'S NAME (First, Middle, L.	ast)			DEATH	2. DATE OF I	DEATH DAY	YEAR 3. 1	TIME OF DEATH			
		udrey Brig				Novem			12:35			
	4. SOCIAL SECURITY NUMBER 218-05-9116 9e. FACILITY NAME (If not institution, g	1 D M 2 X F 85	(In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		y, Year) 1, 1908	Country) Mary	CE (State or Fore			
OR	Meridian Nursin	ng Center			on Location of Di ederick	ATH		ederi				
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COM Maryland		10c. CI1	r, town on Loca Frederi				1	I. INSIDE CITY LIMITS?			
RAL	10. STREET AND NUMBER 5621 Crabapple	Duine		10	of, ZIP CODE			EN OF WHAT				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 X NO	If yes, sp	21701 CENDENT OF HISPAI Decify Cuben, Mexica 3 2 X NO Specific	n, Puerto Ricer	pecify Yes or No-	14. RACE — / Black, Wh Specify:	States American Indianita, atc. White			
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATE work done during me se retired.)	ON ost of working	16b. KIN	United S	STRY	wille			
MP	10 17. FATHER'S NAME (First, Middle, Last,		Cle	rk			Postal S	ervic	e			
	John J.	Davis			Anne	The Court of Street	e, Maiden Sumame) Bro	พท				
) BE	19a. INFORMANT'S NAME (Type/Print)	David	19b. MAILING	ADDRESS (Street			City or Town, State, Zip (
2	William Edward	Briggs, Jr.	6105	Bryn Maw	r Avenue	, Glen	Echo, Ma	rylan	d 208			
	20b. PLACE AND DATE of DISPOSITION DATE 20c. LOCATION — City or Town, State 1											
	disease or condition								Onset and			
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	bDUE TO (OR AS /	Stinal B a consequence of a consequence	ም): ም):					1 day			
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A d	A CONSEQUENCE O	가: 위: 위: In the underlyin	g cause given in		. WAS AN AUTOPSY PERFORMED? □ YES 2 📉 NO	COA OF	1 day			
MEDIC	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condication of the c	DUE TO (OR AS A DUE TO (OR AS	A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE Of A CONSEQUENCE OF A CONS	PF: In the underlyin SE 26. P	LACE OF DEATH (Ch	eck only one)	PERFORMED? YES 2 X NO	COA OF	RE AUTOPSY FIN ILABLE PRIOR T MPLETION OF CA			
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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	1. DECEDENT'S NAME (First, Middle, Last) NORMAN	L. 1	BEALL			2. DATE OF DEATH DOWNTH) 9 ^Y	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 218-24-23/7	1 M 2 D F 65	./			7. DATE OF BIRTH (Month, Day, Year) JUNE 30 1	928	BIRTHPLACE (State or Fore Country) MD.	
CTOR	90. FACILITY NAME (If not institution, give sit SHADY GROVE ADVE		CAL	POCKY	TLLE	ATH	MON'T	GOMERY	
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IERAL	15833 DERWOOD F	COAD		101. ZIP CODE 10g. CITIZEN OF WHAT CON UNITED STA					
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E COMPL	17. FATHER'S NAME (First, Middle, Lest) WILLIAM O. BEALI		IAIN	*210	18. MOTHER'S NAI	ME (First, Middle, Malden	Surneme)		
TO B	190. INFORMANT'S NAME (Type/Print) ROWLAND O. BEA	LL		44	and Number or Rural F	loute Number, City or Tox	vn, State, Zip Co	de)	
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	21. SIGNATURE OF FUNERAL SERVICE LICE		REER FUNERAL HOME 20882 SVILLE ROAD LAYTONSVILLE, MI						
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A DUE TO (OR AS A	CONSEQUENCE O	PF):	CIOENT			Onset and	
5 1 1	PART II. Other algnificant conditions	contributing to death bu	ut not resulting	In the underlyin	g cause given in	Part I. 24e. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION OF CA	
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PHYSICIAN: MEDIC	EXAMINER?		28b. TIA	OTHER: 4 Nursing Horr AE OF 28c, INJ JURY WG			INJURY OCCUR	1 YES 2 N	
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) Richard Frederick Buls 2. DATE OF DEATH NOVEmber 27, 1993											11:00 A		
	4. SOCIAL SECURITY NUMBER 508-26-5116		5. SEX	6. AGE (In yr.	s. lest birthday) YRS.	IF UNDER	1 YEAR DAYS	AR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year)					8. BIRTNPL Country)	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 824 Carter Road Rockville Montgome								VTN					
DIRECTOR		COUNT	tgomery			Rock v								Od. INSIDE CITY LIMITS? (X) YES 2 NO
FUNERAL	824 Carter Ro	oad			101, ZIP CODE					852	10g. CITIZEN OF			AT COUNTRY? States
ВУ	3 ☐ Wildowed 4 ☐ Diverced IF YES, GIVE WAR OR DATES 1 ☐ YES 2 ☐ NO Specify: Specify:									- American Indian, White, etc.				
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TO BE	19a. INFORMANT'S NAME (Type/F		Buls				_				Bern	eker m, State, Zip C	Code)	
	Helen Jeanne 20a. METHOD OF DISPOSITION 1 D Burlai 2 Cycremation 3	□ Ram		cemeters	CE AND DATE	other place!	ITION (N			DATE		CATION — CI		
	4 Donation 5 Other (Specify) Suburbar 21. SIGNATURE OF FUNERAL SERVICE LICENSEE						Crematory 11-29 Silver Spring, Maryla Rapp Funeral Services, P. A. 933 Gist Avenue, Silver Spring, MD 20910							
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1 - FOR STATE REGISTRAR

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, OSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with

BALTIMORE, MARYLAND 21215-0020 hours after death. Page 6 may be retained by the hospital or attending physician.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

SOCKINST SAME (PAR. ADMIN. LEADY S. DEK S. DEK S. ADM (Par. No. No. No. No. No. No. No. No. No. No														
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4 Homicide telectrined telect					M									
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(Check only one) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 Do 2338 2 2 2 2 2 2 2 2 2	1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not be	building,	are (checul)					,			oute Number,			
Do 2338 ► 11/26/93.	1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 6 Could not be	building,	ord (Specify)								oute Number,			
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IN NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Sing Print)	1 Natural 2 Accident 3 Suicide 4 Homicide 20. CERTIFIER (Check only one) 2 MEDICAL EXAM	YSICIAN: To the bast of a	my knowledge,				eath occured at the	time, dete and place, an	d due to th	e cause(e)	and manner as stated.			
RICHARD P. DELANEY, M.D. 9801 GEORGIA ST. SILVER SPRING. MD. 2090Z	1 Natural 2 Accident 3 Suicide 4 Homicide 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI 29b. SIGNATURE AND TITLE OF DESITE	YSICIAN: To the bast of s	my knowledge, xemination end/o	or investigation	n, in my opi		eath occured at the	time, dete and place, an	d due to th	e cause(e)	and manner as stated.			

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TO THE POSTUL OF ATTENDING PRINCIPAL THE Law requires that the death certificate be executed within a four sets of feed of may be retained by the hospital or attending physician.

TO THE PUNERAL DIFFICURATION after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours then the state burial transit permit. Pages 1, 2, 3 should be find within 72 hours then the state burial-transit permit. Pages 1, 2, 3 should be find within 72 hours the marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERI	IFICATI	: OF I	DEATH		REG. NO					
72	1. DECEDENT'S NAME (First, Mic	ALLAN	BERGSTE		2. DATI MON 12				1 9	93	3. TIME OF DEATH 1201 A M		
	4. SOCIAL SECURITY NUMBER 218-74-5726	5. SEX 1 X M 2 T F	6. AGE (In yrs. last birthe 32 YF	day) IF UNDER MONTHS		IF UNDER 24 HRS. HOURS MIN.	(Month	Dey. Year)		Country)	LACE (State or Foreign		
OR	9a. FACILITY NAME (If not institute that the second	tion, give street and number) CK OF MISSION	ROAD		SSUP	LOCATION OF DE		9c. COUNTY HOW					
5	RESIDENCE OF DECEL	COUNTY		CITY, TOWN	100								
DIRECTOR	MARYLAND E	IOWARD		ESSUP		ZIP COOE					10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	8660 Mission	8660 Mission Road							109. CITIZEN OF WHAT COUNTRY? UNITED STATES				
ВУ	11. MARITAL STATUS 1 Never Married 2 X Mar 3 Widowed 4 Divorced	ried FORCES? 1 [EVER IN U.S. ARMED YES 2 NO R OR DATES		if yes, spec	NDENT OF HISPAN lify Cuban, Maxica NO Specify	n, Puerto R						
8	15. DECEDE	NT'S EDUCATION heat grade completed)	16a. DECEDE	NT'S USUAL O	CCUPATION	of we dilec	16b.	KIND OF BU	SINESS/INDU	STRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille Do M	d of work done OT use retired.)	aunng most	or working		NEW C	AR SAI	LES			
	17. FATHER'S NAME (First, Middle, Last) STANLEY BERGSTEIN 18. MOTHER'S NAME (First, Middle, Maiden Surname) DOLORES LIEBER												
TO BE	198. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 30 MISSION ROAD, JESSUP, MARYLAND 20794										4		
	20e. METHOO OF DISPOSITION 1 X Burial 2 Cremetion 4 Donation 5 40ther (Spe		20b. PLACE AND D	ND DATE OF DISPOSITION (Name of				ATE 20c. LOCATION City or Town, State /2 OLNEY, MARYLAND			n, State		
	21. SIGNATURE OF PEMERAL-SE		JUDEAN	DA	NAME AND	SKY-GOLI	DBERG	MEMO	RIAL C	CHAP	ELS, INC.		
	23. PART J. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, above, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.												
N: MEDICAL	PART II. Other aignificant of	conditiona contributing to d	leath but not reault	ing in the ur	nderlying	cause given in	Part i.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\square\) NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MI EXAMINER? VXYES 2 \(\square\) NO	HOSPITAL:	ER/Outpatient 3 🗆 DO	OTHE	₹:	CE OF DEATH (Chi			0077				
	7. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TiME OF 28c. INJURY AT 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3							28d. Describe How injury occured driver in auto fixed object impact					
D BY	3 Suicide 8 Cou	Accident 286. PLACE OF INJURY — At home, farm, street, factory, office 281.1							I. LOCATION (Street and Number or Rural Route Number.				
LETE	4 Homicide determined ROADWAY 8400 BLOCK OF MISSION RD JESSUP												
COMPLETED	CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. One) MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as stated.												
BE	29b. SIGNATURE AND TITLE OF	CERTIFIER Work	mo			29c. LICENSE NUN					Month, Day, Year)		
70	30. NAME AND ADDRESS OF PE	RSON WHO COMPLETED CAUSE LOCKE, MD			tres	et, Bal		ore					
	31. DATE FILED (Month, Day, Year,		'S SIGNATURE	CIIII C	2200	July Dus	- C 21111	,	- I - I	(411)	2 2. 2 0 16		

BALTIMORE, MARYLAND 21215-0020

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THE TITLE OF ALL ENDING PRESIDENT: THE LAW REQUIRES THAT THE GOATH CENTINGARE DE EXECUTED WITHING PRINCE ATTENDING PRYSICIAL	INTERMENTAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-try		MDORTANT If them 28 is marked or item 23 shows any injury or other fraumatic event the medical examines must be marked at many
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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH EARLOSBORNE BUDDI 11-28-1993 8:330 ar V 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 01-10-1910 83 1 XM 2 F Maryland 577-30-8273 YRS 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Holy Cross Hospital DIRECTOR Silver Spring MONTGOMERY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Montgomery Kensington € YES 2 NO 10e, STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3921 Hampden Street 20895 U.S.A. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 12 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuben, Mexican, Puerto Rican, stc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 TES 2 100 Specify Specify: Black BY 3 X Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY 7th College (1-4 or 5+) W.S.S.C. Laborer 17, FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) Alice D. Hopkins BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Preston Budd (Son) 3921 Hampden St., Kensington, MD 20895 20a METHOD OF DISPOSITION

Surial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE Ash Memorial Cemetery 12/1 4 Donation 6 Other (Specify) Sandy Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 23. PART I. Enter the diseases, or complications that caused the de shock, or heart failure. List only one cause on each line ises, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death Respiratory Failure IMMEDIATE CAUSE (Final) disease or condition resulting in death) Pheumonia CERTIFICATION Sequentially list conditions, DUE TO JOB AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO Mataxtelie capell 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Input lant 2 | ER/Output 3 | DOA 1 TES 2 TUNO 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 DEFITIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3720 FARRIGUT

32. REGISTRAR'S SIGNATURE

ha Savidson-Randell



BALTIMORE, MARYLAND 21215-0020	ICIAN: The law requires that the death certificate be executed within a four death. Page 6 may be retained by the hospital or attending physician.	antificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 the Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
VITAL RECORDS, P.O. BOX 68760,	e death certificate be executed within	erificate has been signed by the attending physician and completely filled in by the furthe State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
VITAL RECORD	SIAN: The law requires that the	princate has been signed by the State Dept. of Health and N

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		JAMES 4. SOCIAL SECURITY NUM	Montg	Omery Is. sex	8. AGE (In yrs. let		LI, IF UNDER		IF UNDE	R 24 HRS.	7. DATE OF				ACE (State or Foreign
Secretary.		577-05-534	2	1 M 2 - F	81	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, D.	0 19		Country)	Maryland
3 should		9a. FACILITY NAME (# not i		street and number)			9b. CITY	, TOWN	OR LOCAT	ION OF DE			9c. COUNT		
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215 attend	E		CEDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATIO during mo	ON ist of worki	na	18b. Kil	ND OF BUSIN	IESS/INDU	STRY	
ID 212-ospital or att	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done see retired.)				St	ock	Nuse	ery	
\$ 6 A	BE CON	17. FATHER'S NAME (First, Middle, Lest) James M. Boswell, Sr. 18. MOTHER'S NAME (First, Middle, Meiden Surname) Cecilia Grimes													
MAR's be retained be 5 should be notified	TO E	Jean A.							e, Po				20854		
MORE, I e 6 may be rector, page i		20a. METHOD OF DISPOSITION Surial 2 Cremate 4 Donation 5 Other	on 3 Ren	noval from State	20b. PLACE cemetery, cre			Mo:	ne of	асу	12/1		11s v		e, Md.
BALTIMORE, is to death. Page 6 may be the funeral director, page Nail.		21. SIGNATURE OF FUNER.			^		22.	Hi	ltor						.Box 86
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X 68760, executed within and completely fille to burial, cremation, umatic event, the	7	resulting in death)	_	a. Mys											"
OX ob e e e sician a rician a	CATION	Sequentially list condi- if any, leading to imme cause. Enter UNDERLY	diata ING	OUE TO	(OR AS A CONSE	OUENCE O	IF):							ys.	
Certing Hygie	CERTIFIC	CAUSE (Disease or Inj that initiated events resulting in death) LAS		DUE TO	(OR AS A CONSE	OUENCE O	PF):								yes.
DS, F he death the atter Mental njury, o	- 4	PART ii. Other eignific	ent conditio	na contributing to	death but not	neulting	in the ser	adadvin	0.00000	alven in i	Dart I 24	a. WAS AN AI	ITOBEY	T 245 W	ERE AUTOPSY FINDINGS
	EDICAL		-	olelithia								PERFORM	ED?	A	MILABLE PRIOR TO OMPLETION OF CAUSE
ECORI quires that to n signed by f Health and lows any I	AED.	Myseth									- '	YES 2	JNO		F DEATH?
F VITAL RE SICIAN: The law requ certificate has been the State Dept. of the State Dept. of	ä	- 77		Lug Des	local	0			LT						
N: The law ficate has be State Dept.	SICIAN:	25. WAS CASE REFERRED 'EXAMINER?		HOSPITAL:			OTHE		LACE OF E	DEATH (Che	ock only one)				
OF VITA HYSICIAN: The his certificate ha with the State D ked, or Item	IYSI	1 TYES 2 NO		1 Inpatient 2			4 🗆 Nur	sing Horr		esidence	8 Other (S				
O 축 등 등 호	ву рну	27. MANNER OF DEATH 1 Netural 5 2 Accident	Pending Investigation	28a. DATE OF (Month, E	INJURY Ony, Your)	28b. Til	ME OF JURY M	WC	URY AT ORK? YES 2 [□ NO	28d. DESCR	IBE HOW INJ	URY OCCU	IREO	
TTENDI TTOR: A after d 28 ls	ETED 8	3 Suicide 6 Homicide	Could not be determined	28e. PLACE (building,	of INJURY — At he atc. (Specify)	ome, farm,	street, faci	tory, offic	•		281. LOCATH City or 7	ON (Street and lown, State)	d Number of	r Rural Rout	Number,
DIV HOSPITAL DR A FUNERAL DIREC WITHIN 72 hours	COMPLE	nent		BICIAN: To the best of sER: On the basis of s											nd manner se stated.
TO THE HOSPITAL TO THE FUNERAL TO FILE WITHIN 72 H	BE	296, SIGNATURE AND TITL		1100 Succession						229	IBER			SIGNED (M	fornth, Day, Year)
W. T.	5	30. NAME AND ADDRESS C						1.	MD	015	:04				
		Dr. John Wh			Box 367.)	Lava	те,	MD.	215	004				
			01 19		Savidson-	Panda	38								

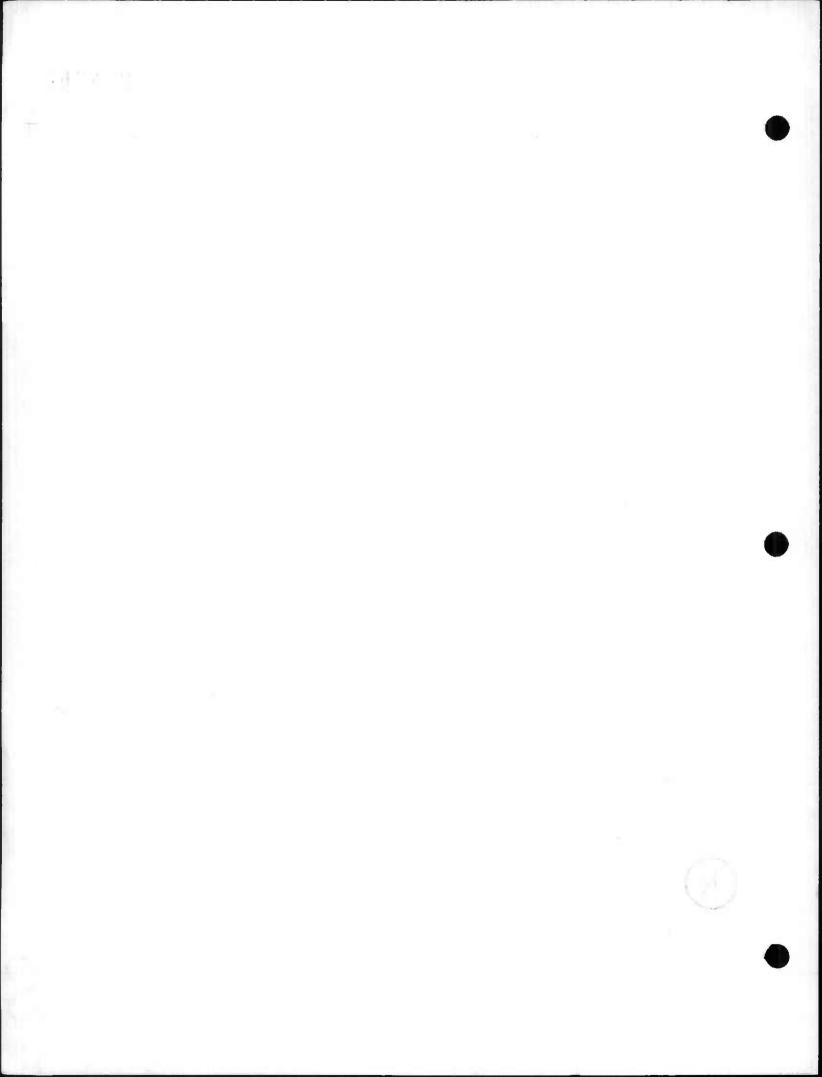
permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146

sician.	al-transit	
TO THE HOSPITAL OR ATTENDING PAYSICIAN. The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit handless with the State Deer, of Health and Mental Hotelee prior to burial, cremation, or removal.	
or atten	or use as	
hospita	tached %	ce.
d by the	d be de	d at or
retaine	5 shou	notifie
may be	tor, page	ust be
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ther death	the fune	al exam
Nours a	led in by	medic
within .	pletely fill	ent, the
mecuted	and com burial, c	atic ev
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h certific	Hygiene	or othe
the deat	/ the atte	injury,
ires that	signed by	vs any
law requ	is been s	23 sho
AN: The	ifficate hi	r item
PHYSICI	this cert	rked, o
ENDING	DR: After	8 is ma
OR ATT	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral within 27 hours after death with the State Rect or Health and Mental Hydisine prior to build. Cemation, or removal	IMPORTANT: If lem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OSPITAL	UNERAL	ANT: H
D THE H	O THE F	MPORT
-	2	100

1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND TE OF DEATH	MENTAL	HYGIENE REG. NO.	9	3 303
1. DECEDENT'S NAME (First, Middle, LI JOSEPH	NATOLI	BADALAMEN	T1	2. OATE MONTH NOV.	OF DEATH DAY 199	VEAD	5:10 A.
4. SOCIAL SECURITY NUMBER 014-07-5083 9a. FACILITY NAME (If not institution, g	1 🕅 M 2 🗆 F	88 YRS. MON	NDER 1 YEAR FUNDER 24 HRS. THIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	7. DATE (Month	DF BIRTH (, Day, Year) . 13, 190		ACE (State or Foreign
Meridian N		1.00	Frederick	OEATH		Freder	
10e. STATE 10b. CON		10c. CITY, TO	wn or Location t Mills,				6d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	Rose Lane.		10f. ZIP CODE			United	States
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spe	ican, Puerto F		14. RACE — Black, 1 Specify:	- American hidian, White, etc.
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 8 th	EDUCATION prade completed) College (1-4 or 5+)	16e. DECEDENT'S USU (GAVE WIND OF WORK I Me. DO NOT use ret Presiden	fone during most of working red.)		ater T re		Company
17. FATHER'S NAME (First, Middle, Last,		1 restach			Aiddle, Maiden Surname)		Company
An 19a, INFORMANT'S NAME (Type/Print)	drew Bada	lamenti	Fra RESS (Street and Number or Run		DiN.		S
Evelun Zi	mm a h m a u	2823					21703
1 Surial 2 Cremetion 3 1 6 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Removal from State	other place)	N (Name of commeter), cremetory of <u>een Memorial</u> 22. NAME AND ADDRESS OF 1621 Opossu	Garde FACILITY S	tauffer F	<u>gton P</u> uneral	ark. Md. Home
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	B A CONSEQUENCE OF):					Interval Betwee
CAUSE (Disease or Injury that initiated events resulting in death) LAST	d	B A CONSEQUENCE OF):	e underlying cause given	In Part I,	24s. WAS AN AUTOPS	Y 24b, V	VERE AUTOPSY FINDING
				=	PERFORMEO?	C	NAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	O	26. PLACE OF DEATH (
1 YES 2 NO	1 Inpatient 2 I ER/O	Y 28b. TIME OF	Nursing Home 6 - Residence	_	r (Specify) SCRIBE HOW INJURY O	CCURED	
1 Natural 5 Pending 2 Accident Investigat	(Month, Day, Yea	f) INJURY	M 1 YES 2 NO				
3 Suicide 6 Could not determine	building, etc. (S	IRY — At home, farm, stree pecify)	, factory, office		ATION (Street and Numb or Town, State)	er or Rural Roo	ite Number,
combon only /s	HYSICIAN: To the best of my kn MINER: On the basis of axamina						and manner as stated.
199 AIGNATURE AND TITLE OF CERT	IFIER O	4	29c. LICENSE N	IUMBER	29d. D.	ATE SINED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE ON	OEATH (ITEM 27) (Type Pole	D39	164	•	11/20	1190,
Andrew Zar	rick, M.D.	27 8	. Frederic	k S	+. Wal	kersi	ville, mr
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI	avidron-Randass					

2, 3 should		OR	1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER 5. SEX 218-24-1982 9a. FACILITY NAME (If not institution, give street and number) Frederick Memorial Hospital RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			YRS. MONT	CITY, TOWN (FUNDER 24 HOURS OR LOCATION	HRS. 7.	DATE OF DEATH MONTH DA DATE OF BIRTH (Morth, Day, Year)	9c. COUNT	3. TIME OF DEATH M MATTHPLACE (State or Foreign Maryland Y OF DEATH derick	
trending physician. e as the burial-transit permit. Pages 1, ED BY FUNERAL DIRECT	AL DIRECTOR	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7									10d, INSIDE CITY LIMITS? 1 1 YES 2 □ NO N OF WHAT COUNTRY?		
	FUNER	102 Pine Avenue 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 1 YES IF YES, GIVE WAR OR 1 8/7/1947-2	IN U.S. ARME 3 2 NO DATES 126/10	50 2/18	If yes, sp	ecify Cuben,	HISPANIC O	RIGIN? (Specify Yes serto Rican, etc.)		U.S.A.		
		15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION	16a. DECE (Give life, De	DENT'S USUAL kind of work do NOT use retire	one during mo	st of working		166. KIND OF BUS				
YLAND by the hospit	d at once	BE CON	17. FATHER'S NAME (First, Middle, Last) Arthur Sylve	ster BA	KER			18. MOTHE Nell		First, Middle, Maiden S Rae	Surneme) WHI	TE	
		TO E											
MORE	director, pa		20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. BIGHATURE OF PUNETIAL SERVICE LIC	oval from State ce	metery creme	DOATEOFDIS tory or other pla 01 ivet	Ceme	terv	11/1	6/93 Fr		y or Town, State ck, Maryland	
BALTIMORE, after death. Page 6 may be	the funeral director, page wal. al examiner must be		Ketth Lyon k	Obenen		I	keeney	ADDRESS A Ba	of facility asford	P.A. Fu	neral		
24 nours	within 24 nours within 24 nours apletely filled in b cremation, or rer vent, the medi		23. PART ³ I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on	each line.	h. Do not en	iter the mo	de of dying	g, such as	cardiac or respir	story arres	t, Approximata interval Between	
P.O. BOX 68 ath certificate be execu	ending physician and if Hygiene prior to bur or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS d.									
CO direct th	signed by Health and Iws any Ir	MEDICAL	MEDICAL	PART II. Other significant condition	s contributing to death	but not real	uiting in the	underlying	g cause giv	ven in Part	1. 24a. WAS AN A PERFORE	IED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO
VITAL	certificate has been the State Dept. of 1, or Item 23 sho	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	ipatient 3 🗆		IER:	ACE OF DEA		Other (Specify)			
O \{	the state	ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	2	86. TIME OF INJURY	28c. INJ WO		280	I. DESCRIBE HOW IN	JURY OCCUI	RED	
	after d	윤	3 Suicide 8 Could not be determined	26e, PLACE OF INJUR building, etc. (Spi	Y — At home ec/fy)	, ferm, street,	factory, offic	•	281	LOCATION (Street ar City or Town, State)	d Number or	Rural Route Number,	
DIN SPITAL OR	PUNERAL DIFE WITH 72 hours TOWN II Item	OMPLE		CIAN: To the best of my known R: On the basis of examination								:suse(e) and manner ee stated.	
풀	THE PORT	R	SIGNATURE AND TITLE OF CERTIFIER	4 1		14	41		se number .6428		≥ //	12 POLL	
		7	Casper E. Cline,	III, MD, 30	00 Wes	t Nint	h Str	eet,	Frede	erick, Ma	rylan	d 21701	
	122 1534		31. DATE FILED (NOT 15 199	32. ABGISTRAR'S SIGN	SON-ROY	plett							



3. TIME OF DEATH

1:51 AM

2. DATE OF DEATH DAY November 10,

1993

4. SOCIAL SECURITY NUMBER

Mary June BASSFORD

5. SEX

B. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	217-82-1795	5	1 🗆 M 2 🗶 F	77	YRS. MON	THS DAY	HOURS MIN.	May	1, 1°, 19	16	Mai	land		
_	9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN													
DIRECTOR	Frederick M		l Hospita	1		Fred	erick			Fre	der	ick ,		
IREC	100. STATE Maryland	10b. COUNTY			10c. CITY, TO		CATION					10d. INSIDE CITY		
										1 TES 2X NO				
FUNERAL	4615 East Basford Road 21701 U.S.A.													
BY	11. MARITAL STATUS 1 Never Married 2 2 3 Widowed 4 Divo		12. WAS DECEDENT & FORCES? 1 IF YES, GIYE WAR								14. RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary(Secondary (0-12) College (1-4 or 5 +) Homemaker 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker													
BE COM	17. FATNER'S NAME (First, Middle, Last) Alvin SHIPLEY 18. MOTNER'S NAME (First, Middle, Maiden Surname) Helen Eve DRONENBURG													
10	190. INFORMANT'S NAME (7) Sandra Thom						and Number or Rura					and 21702		
	20a. METHOD OF DISPOSITE 1X Burlal 2 Crematic 4 Donation 6 Other		oval from State		AND DATE OF DE			13, 1	TE 20c. LO	cation – c	ick	wn, State , Maryland		
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE Y	1	0255	22. NAME Keen	and address of F	sfor	d P.A.	Fune	ral			
CERTIFICATION	IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list condition from the condition of the conditio	iona, diata ing			DUENCE OF):							Onset and Death		
ICIAN: MEDICAL C	PART N. Other significe	ent conditions	contributing to dea	ath but not n	esulting in th	e underly	ing cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ								_	L			1 YES 2 NO		
CIA	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:		100	28. HER:	PLACE OF DEATH (C	heck only o	ne)					
S	1 TYES 2 NO		1 Inpetient 2 ER		DOA 4	Nursing H	ome 5 - Residence	_	er (Specify)					
ВУ РНУ	1 Netural 5	Pending Investigation	28e. DATE OF INJ (Month, Day,)		286. TIME OF INJURY	1	NJURY AT YORK? YES 2 NO	26d. DE	SCRIBE NOW II	NJURY OCCI	JRED			
- 4	3 Suicide 6	Could not be determined	28e, PLACE OF IN building, etc.	JURY — At ho (Specify)	me, ferm, street	, factory, of	lice		CATION (Street a or Town, State)	and Number o	or Rural F	Route Number,		
COMPLETED			EIAN: To the bast of my									i) end manner as stated.		
шШ	29b. SIGNATURE AND TITLE	OF CERTIFICA	The second second second	0			29c. LICENSE NU	MBER		29d. DATE	SIGNED	Month, Day, Year)		
9		40	asagra		_		04030	7		▶ 11	11	93		
	Dr. Eug	/	Casagrand				, Freder	ick.	Marvla	and 21	L701			
-	31. DATE FILED (MOOTE Day.	T2 199	22 DEGICTDADIC				,				-,01			
					-									

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May

Kreh

5. SEX

BAUMGARDNER

8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

BIRTHPLACE (State or Foreign Country)

YEAR 93

3. TIME OF DEATH

2:52

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year)

	220-18-2215	1 M 2 X F	85 YRS.		HOURS	Dec.	18,190	7	Maryland		
	9a. FACILITY NAME (If not institution,	give street and number)		9b. CITY, TO	WN OR LOCATION			c. COUNTY C	OF DEATH		
OR	Frederick Memo			Fr	Frederick Frederick						
5	RESIDENCE OF DECEDEN	OUNTY	1.0.0	Y, TOWN OR I							
DIRECTOR		rederick	10c. CI1	Frede					10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER				101. ZIP CODE			On CITITEN I	1 YES 27 NO		
FUNERAL	5917 Bryan Dri	ve		217	702			S.A.			
2	11. MARITAL STATUS	12. WAS DECEDENT EVI		13. WAS	DECENDENT OF s, specify Cuban,	IISPANIC ORIGIN	17 (Specify Yea or	No- 14. F	IACE — American Indian, Black, White, atc.		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR O			YES 2 X NO		ricin, etc.)		Specify: White		
TED	15. DECEDENT'S (Specify only highest	grade completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done durii	PATION og most of working	16b	. KIND OF BUSINI	ESS/INDUSTR	TY .		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)		emaker		-572					
BE CO	17. FATHER'S NAME (First, Middle, Le Garrett Le				Bess		Middle, Melden Sur Lena		YER		
10	Mr. Richard T.				reet and Number or Branch F				yland 21701		
	20s. METHOD OF DISPOSITION 1XX) Burlal 2 Cremation 3 C	Nemovel from State	20b. PLACE AND DATE cemetery, cremstory or of	ther elecel		11 /11 /0			Town, State		
	21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	MOUITE OTT	22. NAI	ney & Ba	OF EACILITY	P A Fun	neral	Home		
	Lette hom	Kobersan	M00706	106	East Ch	urch St	t., Fred	derick	, MD 21701		
	23. PART I. Enter the diseases	, or complications that could be considered that could be considered to the constant of the course o	used the death. Do						Approximate interval Between		
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Conge	AS A CONSEQUENCE O	FART	FAILUR				Onset and Death		
TION	Sequentially flat conditions, if any, leading to immediate	DUE TO (OR	AS A CONSEQUENCE O	F):	ROID VA	culin	disens				
RTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	cDUE TO (OR /	AS A CONSEQUENCE O	F):							
CE	DART II Other elevidions con	distance and the state of the				The second of					
MEDICAL	PART ii. Other algnificent con-	ditiona contributing to dear	th but not resulting	in the under	iying cause giv	en in Part I.	PERFORME 1 YES 2	:07	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
									1 YES 2 NO		
YSICIAN:	25. WAS CASE REFERRED TO MEDIC	CAL /			6. PLACE OF DEA	TH (Check only on	10)				
SIC	EXAMINER?	HOSFITAL:	Outpatient 3 DOA	OTHER:	Home 5 Resid						
PHY	27, MANNER OF DEATH	28s. DATE OF INJU (Month, Day, Ye			: INJURY AT WORK?		CRIBE HOW INJU	JRY OCCURE	0		
ВУ	1 Natural 5 Pending 2 Accident Investiga				YES 2	10					
TED E	3 Suicide 6 Could n 4 Homicide determin	or be building, atc. /	IURY — At home, farm, (Specify)	atreet, factory,	offica	28f, LOC City	ATION (Street and or Town, State)	Number or Ru	rel Route Number,		
COMPLE	one) —	PHYSICIAN: To the best of my k							se(s) and manner as stated.		
ш	296. SIGNATURE AND TITLE OF CEP	TIFIER	1 4		29c. LICENS	E NUMBER	21	9d. DATE SIG	NED (Month, Gey, Year)		
TO B	30. NAME AND ADDRESS OF PERSO	ON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	, Print)	010	0587		<u> </u>	19/93		
	George I. Smit										
				Vinth	Street,	Freder	ick, Mai	ryland	21701		
	31. DATE FILED (Month, Day, Year) NOV10	32. REGISTRAR'S S			Street,	Freder	ick, Mai	ryland	1 21701		



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	REGISTRAR			TMENT OF HEALTH AN ICATE OF DEATH		REG. NO.	33 3640					
	1. DECEDENT'S NAME (First, Middle, Las				2. DATE O		3. TIME OF DEATN					
	FRANCES	E		BOYETT	11		93 09:12 AM					
	4. SOCIAL SECURITY NUMBER	1.0	'In yrs. lest birthday) YRS.	MONTHS DAYS HOURS M	IN. (Month,	Day, Year)	BIRTNPLACE (State or Fore Country)					
	213-12-4560 9a. FACILITY NAME (If not institution, give	¹□м²XXF 81	YRS.				Maryland					
OR	NORTH ARUNDEL		CTATION	GLEN BURNI		9c. COUNT	A.A. COUNTY					
5	RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY										
DIRECTOR		e Arundel	1000	Millersville			LIMITS?					
	10e. STREET AND NUMBER	e Arunder		10f. ZIP CODE		10g. CITIZE	1 YES 2 N					
FUNERAL	Cecil Ave	nue		21	108		.S.A.					
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN		13. WAS DECENDENT OF N	ISPANIC ORIGIN?	(Specify Yes or No- 1	4. RACE - American Indian					
BY F	1 Never Merried 2 Married 3 🔯 Widowed 4 Divorced	FORCES? 1 YES		If yes, specify Cuban, M 1 ☐ YES 2 X NO S		The Late of the La	Black, White, stc. Specify:					
	**	1					Caucasian					
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	de completed)	(Give kind of v life. Do NOT us	USUAL OCCUPATION work done during most of working	16b. H	IND OF BUSINESS/INDU	STRY					
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)	Walita			Postarau	n to					
OM	17. FATHER'S NAME (First, Middle, Last)		*VC. 1 C.		'S NAME (First, Mic	Restarau	110					
	Horace Norwood											
38 C	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or F	Rural Route Number	City or Town, State, Zip C	lode)					
5	Mrs. Catherine	Krause	110	Hastings Lane	Pasade	na, MD 21	122					
П	20a. METNOD OF DISPOSITION	movel from State		OF DISPOSITION (Name of	DATE	20c. LOCATION — CH	ty or Town, State					
	4 Donation 5 Other (Specify)		Maryland	Veterans Ceme		-29-93 Cro	wnsville, MI					
	21/SIGNATURE OF FUNERAL SERVICE	LIGENSEE	1	Barranco &		noral Homo						
- 1	10m65 (-+1 Dayon	an	495 Ritchie			MD 21146					
Z	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):											
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c										
AL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (OR AS A	CONSEQUENCE OF	ין:	n in Part I. 2	4s. WAS AN AUTOPSY PERFORMED?	24b, WERE AUTOPSY FINI					
AL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Obsesse or injury that initiated events resulting in death) LAST	cDUE TO (OR AS A	CONSEQUENCE OF	ין:			AVAILABLE PRIOR TO					
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THE PLANTING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hospital or attending physician	TO THE TANKEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra	Leave 172 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
Ř	TO THE	1	IMPORT

1 - FOR STATE REGISTRAR 36404 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH kxxxxxxXXX Bryan 3. TIME OF DEATH XXXXXXXXX Truman Chapman 1993 1:40 P M November 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF B DEC. 12 DAYS 1 - NX2X F 93 Maruland 246-64-4082 Se. FACILITY NAME (If not institution, give street end number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Ginger Cove Health Care Center Annapolis Anne Arundel RESIDENCE OF DECEDENT 10e, STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD Anne Arundel Annapolis 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 21401 4000 River Crescent Drive 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XIV 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES 2 Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: 3 Widowed 4 Divorced White 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Homemaker Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame) William B.S. Chapman Nannie Matthews BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 26 Fitzgerald Drive Annapolis, Maryland 21401 Truman B. Patton 20s. METHOD OF DISPOSITION

1 Meurisi 2 Cremation 3 Re
4 Donation 8 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE LaPlata, Maryland Mt. Rest Cemetery 11/30/93 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 147 Duke of Gloucester St. Annapolis. MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition_ resulting in death) DUE TO (OR AS A CONSEQUENCE OF) 1 CERTIFICATION Sequentially list conditions, DUE TO JOR AS A CORSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING (VU CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a, WAS AN AUTOPSY PERFORMED? MEDICAL mentin 1 YES 2 NO 1 YES 2 10 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO ng Home 5 (P Residence 6 - Other (Specify) 4 - Nurs 28e. DATE OF INJURY (Month, Day, Year) 27. MANNEB OF DEATH 28d. DEŞCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 28b. TIME OF 1 Netural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 🔲 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as atlated. 2 MEDICAL EXAMINER: On the page of examin ation and/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(a) and manner se stated. 29b. SIONATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Mortin, Day, Year) BE IVUIV 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Prin 600

32 REGISTRAR'S SIGNATURE Guha Daydon Pandale

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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E OF BIRTH THE DAY YEAR 3. TIME OF DEATH 9. CO M 2. COUNTY B. BIRTHPLACE (State or Foreign Country, 1947) 10d. INSIDE CITY LIMITS? 1 X XES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U. S. A. IN? (Specify Yea or No— Dican, etc.) 14. RACE — American Indian, Black, White, etc. Specify BLACK b. KIND OF BUSINESS/INDUSTRY
B. BIRTHPLACE (State or Foreign Country Name 1913) 9c. COUNTY OF DEATN 10d. INSIDE CITY LIMITS? 1 X XES 2 NO 10g. CITIZEN OF WHAT COUNTRY? U. S. A. IN? (Specify Yea or No— 14. RACE — American Indian, Black, Whita, etc. Specify: BLACK
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nber, City or Town, State, Zip Code) IAPOLIS, MD. 21401
TE 20c. LOCATION — City or Town, State 1/1/93 CROWNSVILLE, MD.
CUARY, P.A. APOLIS, MD. 21401
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24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 100
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CATION (Street and Number or Rural Route Number, y or Town, State)
euse(a) and menner as stated, ta and place, and dua to the cause(a) and menner as stated.
29d. DATE SIGNED (Month, Day, Year) ► NOV. 26,1993

HARBOR HOSPITAL, BALTO., MD.

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rSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	-UNERAL DIRECTOR: After this centificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AN		AL HYGIENE REG. NO.		0040
	1. DECEDENT'S NAME (First, Middle, Last)					TE OF DEATH		3. TIME OF DEATH M
	HARRY H.	BISHOP				la - 2	- 93	3 11 40 A
				UNDER 1 YEAR OF UNDER 24 H	HRS. 7. DAT	TE OF BIRTH onth, Day, Year)	8. Bit	RTHPLACE (State or Foreign
	220-01-9127	1 M 2 D F 91	YRS.	THE DAYS HOURS IN	mira.	3-29-19	17.	arvland
	9a. FACILITY NAME (If not institution, give stree	et end number)	96	CITY, TOWN OR LOCATION	OF DEATH		9c. COUNTY O	F DEATH
DIRECTOR	Manokin Manor I	Nursing Hon	ne	Princes	s Ann	ie .	Som	erset
EC	10a. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY
HO	Maryland Some	rset	Pı	rincess An	ne			LIMITS?
A	10e. STREET AND NUMBER			101. ZIP CODE	110		10g. CITIZEN C	OF WHAT COUNTRY?
FUNERAL	11974 Edgehil	l Terrace		218	53		- 11	.S.
5	11. MARITAL STATUS 1	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMEO	13. WAS DECENDENT OF H	ISPANIC ORIGINAL	GIN? (Specify Yes or	r No- 14. R	ACE - American Indian, Black, White, etc.
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE		1 TES 2 AD		,,		pecify:
	15. DECEDENT'S EDUCAT	TION I 14	Ba. DECEDENT'S USI	IAL OCCUPATION	1	16b. KIND OF BUSIN		White
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COMPLETED	17. FATHER'S NAME (First, Middle, Last)		0.1 110.1 7		'S NAME (Firs	st, Middle, Maiden Su	mame)	
BE C	Nicholas Bish	nop		Ma	arv	McKee		Tell Net
10 8	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street and Number or			State, Zip Code)
۴	Mrs. Mary Bish	100	33573	Dublin Rd	Pri	ncess	Anne.	Md 21853
	20s. METHOD OF DISPOSITION 1 Burlei 2 Cremation 3 Remove	al from State of cen	netary, crematory or o		1		TION — City o	
	4 Donation 8 Other (Specify)		echwood	Cemetery 22. NAME AND ADDRESS		/6 Pr.	Anne	, Md. 21853
- 9	21. SIGNAL OF TOTELAL SERVICE LICEN	1		Hinman F		al Home	9	
	Jam J. K		0295	Princess				3
	23. PART I. Enter the diseases, or con shock, or heart failure. Lin			antar tha mode of dying	, such aa c	ardiac or respira	itory arreat,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	0	D	1	1			Onset and Death
	disease or condition resulting in death) a.	Cardie	Jen C	ratar	y P	mes	1	
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2	- X3HD							
IA	25. WAS CASE REFERRED TO MEDICAL			26. PLACE DF DEAT	TH (Check onl)	y one)		
Sic		HOSPITAL: 1 - Inpetient 2 - ER/Oulpeti		THER: Winsing Home 5 - Resid	dence 8 🗆 O	Other (Specify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJURY AT WORK?	28d.	DESCRIBE HOW IN.	JURY OCCURE	D
BY	1 Matural 5 Pending 2 Accident Investigation	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		M 1 YES 2 H	NO	-/		
ED E	3 Suicide 8 Could not be	28e. PLACE OF INJURY — building, etc. (Specify,	Al home, ferm, stre	et, factory, office	28f. L	LOCATION (Street an City or Town, State)	d Number or Ru	ural Route Number,
	4 Homicide determined							
1	(Criscia Crisy	AN: To the best of my knowled	ige, death occurred a	it the time, data and place, ar	nd due to the	cause(s) and menn	er as stated.	
COMPLET	one) 2 MEDICAL EXAMINER:	On the basis of exemination a	ind/or investigation, i	n my opinion, death occured	at the lime, o	date and place, and	due to the cau	use(s) and manner es stated.
BE (296. SIGNATURE AND TITLE OF CERTIFIER	- []		_	SE NUMBER		29d. DATE SIG	GNED (Month, Day, Year)
10	X	11			85	42	- 12/	2195
	30. NAME AND ADDRESS OF PERSON WHO			III.				047
- 1	Jesus Evange Ni	Lsta, MD 3		Street, C	rist	ield, m	nd. 21	181/
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	I THE WOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atter	THE WERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as min 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Portrain 18 is marked or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once
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	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIEN	E	3 36407
	1. DECEDENT'S NAME (First, Middle, Lest) AND My	Joseph	Bowe			2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-82-1995	1 2KM 2 □ F 18	100	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2/3/75	8. BH	RTHPLACE (State or Foreign unity)
DIRECTOR	98. FACILITY NAME (if not institution, give at Fallston Genera RESIDENCE OF DECEDENT	l Hospital		Fal	lston	ATH	9c. COUNTY O	F DEATH
	Maryland 100. STREET AND NUMBER	Harford		erdeen	ZIP CODE		10g CITIZEN C	10d. INSIDE CITY LIMITS? 1 X YES 2 NO F WHAT COUNTRY?
ER/	626 Walker Stre	et			21001		100	.S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, OIVE WAR OR DATE	2 NO	If yes, sp	ENDENT OF HISPAN	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No 14. R B S	ACE — American Indian, lack, White, atc. pocity:
COMPLETED	18. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo etired.)	DN st of working	16b. KIND OF BU	SINESS/INDUSTR	
OMF	17. FATHER'S NAME (First, Middle, Last)		Depende	nt	40 4400010000	Depend		
	Philip J. Bowe:	r. Sr.				ME (First, Middle, Melden ret Mullin		
BE	19a. INFORMANT'S NAME (Type/Print)	., 01.	196. MAILING AD	ORESS (Street a		Poute Number, City or Tow		
2	Philip J. Bower	, Sr.	The second of			erdeen, Ma		21001
	20a, METHOD OF DISPOSITION 12 Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State 20b. F	PLACE AND DATE OF D lery, crematory or other LAIR Men	SPOSITION (N	me of		CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE LIC		MÂ	Tarri	ng-Cargo		ome, P.	
	IMMEDIATE CAUSE (Pinel	List only ona cause on asc	ch ilna.	antar tha mo	da of dying, suc	h as cardiac or respi	ratory srrest,	Approximate interval Between Onset and Desth
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	Nev	ial.	Faihur	•	
CERTIFICATION	Sequentisity list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A C	CONSEQUENCE OF:	e to	in			
CERTI	that initiated events resulting in death) LAST	Pa	ncreat	ilis -		to-sple	no meg	aly.
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions Renul g		fections		ve e	Part I. 24e. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch			
/ PHY	27. MANNER OF DEATN 1 Netural 5 Pending	28s. OATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ WO		6 Other (Specify) 28d. DESCRIBE HOW II	NJURY OCCURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif)	- At home, larm, streety)		-	28f. LOCATION (Street a City or Town, State)	and Number or Rur	al Route Number,
COMPLETED		CIAN: To the best of my knowled						e(s) and manner as stated.
TO BE C	29b. SIGNATURE AND TITUE OF CERTIFIER	Questi.	Attend	ling H.	29c. LICENSE NUN	POER	29d, DATE SIGN	NED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WIND	RESHI, H.	D- 50	1-200	PHIN 8	T. BALT	THORE	F, Md. 21217
	DEC 03'93	32. REGISTRAR'S SIGNAT						

be detached for use as the burial-transit permit. Pages 1, 2, 3 should d by the hospital or attending physician.

BALTIMORE, MARYLAND 21215-0020

IISION OF VITAL RECORDS, P.O. BOX 68760,

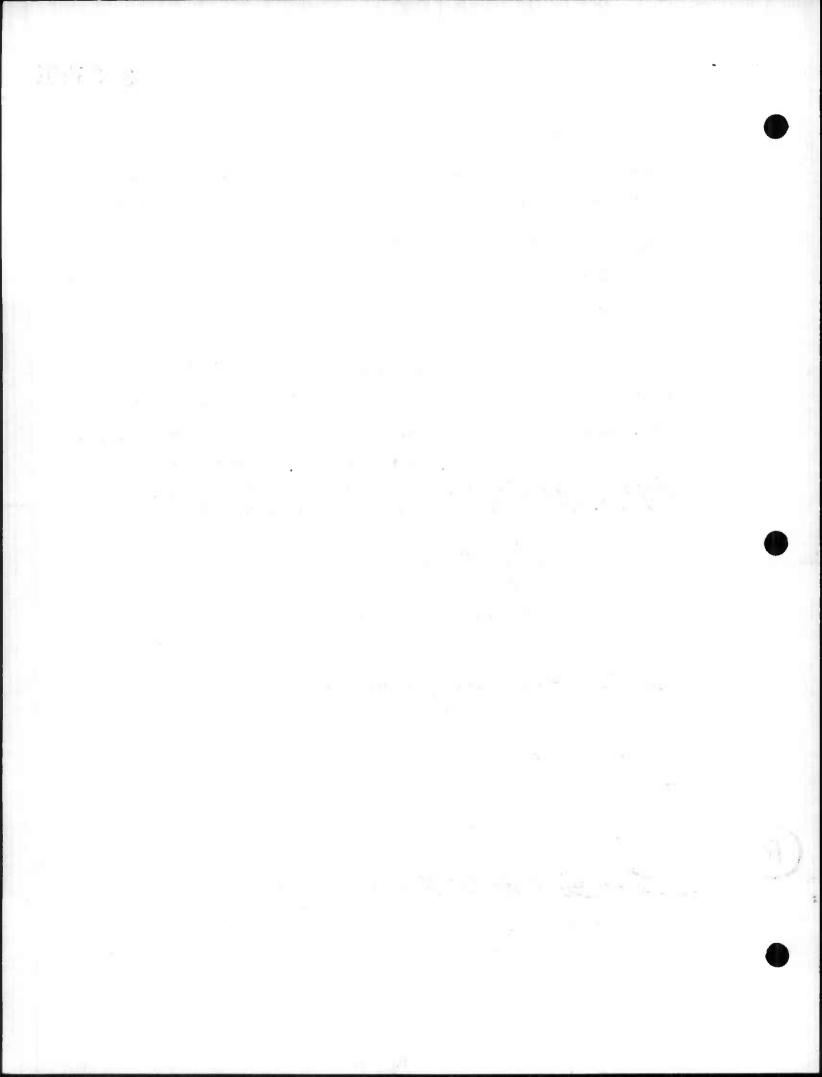
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TO THE GOOD AND ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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32. RESISTRAR'S SIGNATURE Funda Dandon-Randon

DEC 06 1993

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	FOR 1 - STATE REGISTRAR	STATE OF M			TMENT OF			MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)			-11111	OATE C	, DLA		2. DATE	OF DEATH			3. TIME OF DEATN
	Thomas FR	ANCIS			B-	rown	SR.	MONTH		AY 10	YEAR	6:33 P
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE (OF BIRTN	,	a, BIRT	HPLACE (State or Foreign
	217-34-0409	1 √ M 2 ☐ F	57	YRS.	MONTHS DAY	B HOURS	MIN.	FER	Day, Year)	1020	Coun	RYLAND
	Sa. FACILITY NAME (If not institution, give s	treet and number)	- 07		9b. CITY, TOV	N OR LOCAT	IDN OF O			9c. COL	INTY OF	DEATH
O.B.	Physicians Memo	rial Hosp	ital		La	Plata				Cha	rles	
ַוּ	RESIDENCE OF DECEDENT 100, STATE 100, COUNT	v		40. 0171	TOWN DR LO					0.10	1100	
DIRECTOR						CATION						10d. INSIDE CITY LIMITS?
	MARYLAND CHAR	LES		MTCC	OMICO	10f. ZIP COL	DE.					1 TYES 2 NO
FUNERAL	11000 JENKINS ROA	T								10g. CI	IZEN OF	WHAT COUNTRY?
N N	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AR	MED	13 WAS	208		NIC OBIGIN	(Specify Yes			STATES
	1 Never Married 2 Married	FORCES? 1	YES 2 N	0	If yee	specify Cub	en, Mexica	en, Puerto R	icen, etc.)	or No-		E — American Indian, ek, White, etc.
BY	3 Widowed 4 Divorced				1 ''	res 2 XXND	Specin	γ.			Spec	BLACK
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DE(CEDENT'S U	JSUAL OCCUP	ATION most of work	ina	16b.	KIND OF BUS	SINESS/IN	DUSTRY	DETACH
Ë	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT use	retired.)							
COMPLET	10TH GRADE. 17. FATHER'S NAME (First, Middle, Last)		SE	LF FM	PLOYEI	1			BRICK		ER	
_	JAMES YOUNG								iddle, Maiden	,		
B	19a. INFORMANT'S NAME (Type/Print)		100	MAUING	ADDRESS (Stre	or and Number	ZABE	TH BE	ROWN J	ENIF	ER	
2	MARY A. BROWN											
	20e. METHOD OF DISPOSITION		20h DI ACE A	NDDATED	JENKIN F DISPOSITION	thinns of			00:10	OATION	A11	20622 own, Stata
	1 Suriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	cemetery, cree	netory or oth	er place)	TH CEN	1 1	21/7/0	NITT.		3.60	RYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1.1	W.I.	22. NAME	AND ADDRE	ESS OF PA	CILTY			, IMA	RYLAND
	asyaw. In	finlowy	1791-7	2	THOF	NOTIN	FUNE	RAL H	IOME,	P.A.		
	23. PART I. Enter the diseases, or o	TON JOHN	caused the day	eth. Do no	POMO	NKEY	MAR'	YI ANI	206	40	ract	Approximate
	ehock, or haert fallure. IMMEDIATE CAUSE (Final	Liet only one ceus	e on aech line.			,	,g, acc.		oo or reap	iatory at	, der	Interval Between
	disease or condition resulting in death)	1 uc	no	C	an	ee	~	/				Onset and Death
	resulting in death)	DUE TO (OH AS A CONSEC					55				-
Z	Commented to the comment	pro	ruhr	or	-	_						
15	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQ	UENCE OF	- N							
2	CAUSE (Disease or Injury	c	ne.	n	_	- 0						
CERTIFICATION	that initiated events resulting in death) LAST	DOE 10 (I	OR AS A CONSED	UENCE DF)	i;							
Ü	TOTAL TIME TO	d										
AL	PART II. Other significant condition	s contributing to	laeth but not re			ing cause	given in	Part I.	24a. WAS AN		241	. WERE AUTOPSY FINDINGS
OIC	Gentleman	THE CO	ters	Co	c e	en			PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
MEDICAL								_				1 YES 2 ND
Z												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26 OTHER:	PLACE DF	DEATH (Che	eck only one)			
YSI	1 YES 2 YED	135 Inpatient 2 🗆		□ DOA	4 - Nursing F		esidence	8 🗆 Other	(Specify)			
	27. MANNER OF DEATH 1	26a. DATE OF II (Month, Day		28b. TIME INJU	RY	INJURY AT WORK?	_	28d. DE\$0	RIBE HOW I	NJURY OC	CURED	
ВУ	2 Accident Investigation	26a PLACE OF	INJURY At hor			YES 2	_ ND					
ED	3 Suicide 6 Could not be 4 Nomicide determined	building, e	tc. (Specify)	ine, tariti, ec	reet, factory, o	mee			Town, State)	nd Numbe	r or Hural	Route Number,
LEI	290. CERTIFIER									-		
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											
				··· seringerion	, at my opinion				ind place, and			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	tille	111	ink	0		ENSE NUN	MBER		29d. DAT	E SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WNI	COMPLETED CAUSE	OF DEATH ATEM					A == - :	T D	0 1		1017
	Paul E. Pritchet				~ = 0	Daura Plata	ange . Mar	nven rvlan	ue, P. d 2064	. O. 1	OX.	131/
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	ID THE CEPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physic	be filed writhin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other tra	

1. DECEDENT'S NAME (First, Middle	Prudenc	a 19	. E	Brown				MON	E OF DEATH	DAY OO 2	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX			s. lest birthday)	IF UNDER	wren	IF UNDER 24 HRS.	_	V. 4,1	773		4:45 P.
213-50-4048	1 🗆 M		94	YRS.	MONTHS	DAYS	HOURS MIN.	Mor	r. III, l	800	Countr	
9a. FACILITY NAME (If not institution		40-			9b. CITY	r. TOWN C	OR LOCATION OF D				Pen	nsylvania
Frederick H	lealth C		enter				ederick			111	eder	
	COUNTY			10c, CIT	TY, TOWN (OR LOCAT	TION					10d, INSIDE CITY
Maryland	Montgo	merv				Mt.	Airy					LIMITS?
10e. STREET AND NUMBER					-		. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
9254 Brown	Church	Road	l				21771			U	nite	d States
11. MARITAL STATUS		DECEDENT			13.	WAS DEC	ENDENT OF HISPA	NIC ORIG	IN? (Specify Ye	s or No-	14. RACI	- American Indian,
1 Never Married 2 Marrie 3 Wildowed 4 Divorced		CES? 1 [S, GIVE WA					ecify Cuben, Mexic 2 X NO Speci		Rican, etc.)		Speci	vy:
												White
15. DECEDENT (Specify only highes	'S EDUCATION of grade completed,)	164	(Give kind of life. Do NOT u	work done	during mo	ON ist of working	16	b. KIND OF BU	JSINESS/IND	USTRY	
Elementary/Secondary (0-12)	Coffege	(1-4 or 5+)								Orm h		
17. FATHER'S NAME (First, Middle, L.	est)			ПC	omema	Ker	40 MORIUM	AME OF		Own h	Ome	
Edwin							18. MOTHER'S N.	a Pai		n Surneme)		
19e. INFORMANT'S NAME (Type/Prin				19h MAII IN	G ADDRESS	S /Steam	and Number or Rural			aum Chada T	Cada	
Judith B.Math							hurch Re					771
20e. METHOD OF DISPOSITION			20h BI 4	CEANDDATE						DCATION -		
Donation 5 ☐ Other (Specific		State	cemeter	n'tgome	other place	leth.	11/0			mascu		
21. SIGNATURE OF FUNERAL SERV				.0-	-							
					22.	MAME AN	ID ADDRESS OF F	MUILLI Y				
► (()V.	Par 1	0	A.				L. Mole:					
23. PART I. Entar the disease shock, or heart fe	P.M.d. es, or complicate pliure. List only	Isuar tions that	caused the	e daath. Do	2	26401	Ridge 1	Rd.,	Damas	cus, M	d. 2	Approximata Intarvai Between
23. PART I. Enter the disease shock, or heart fe iMMEDIATE CAUSE (Final disease or condition resulting in death)	Land American Silvers. List only	one caus	e on sech	line.	not anter	26401 r the mo	Ridge 1	Rd.,	Damas	cus, M	d. 2	Approximata
iMMEDIATE CAUSE (Final disesse or condition	P.Mod s, or complicated blure. List only	DUE TO (O	Pre-	HINE.	not anter	26401 r the mo	Ridge 1	Rd.,	Damas	cus, M	d. 2	Approximata Intarvai Between
snock, or heart re iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a	DUE TO (O	HAS A COM	MISEQUENCE O	not anter	26401 r the mo	Ridge 1	Rd., ch es ca	Damas	cus, M	ast,	Approximata Intarvai Between
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SNOCK, or heart te IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant cor EXAMINER? 1 YES 2 KNO 27. MANNER OF DEATH 1 Name of DEATH 1 Name of DEATH	d. HOSPI	DUE TO (C	OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM OR AS A COM	MISEQUENCE O	2 not anter	26. PL R: sing Home	Ridge I da of dying, such action of the such action	Rd., ch es ca	Damas	CUS, Moliretory arr	245	Approximata Interval Between Onset and Deat WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATHT
SNOCK, or heart te IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST PART II. Other significant cor 25. WAS CASE REFERRED TO MEDI EXAMINERY 1 VES 2 2 MO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suitcide 6 Could of	CAL HOSPINION 28s.	DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C) DUE TO (C)	PR AS A COMP	MISEQUENCE O	not anter	26. PL RI: sing Homol 1 Yes	Ridge I da of dying, such act of Death (or B Residence Unity AT RES 2 NO	Part I.	Damas Damas rdisc or resp C V 244. WAS AM PERFO 1 YES:	ALTIDESY NACOTION AND ALTIDESY NACOTION AND	24h.	Approximate Interval Between Onset and Deat Onset and Deat Onset and Deat Onset and Deat Onset and Onset a
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3 Suicide

4 Homicide

BE COMPLETED

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	1 - STATE REGISTRAR		STATE OF I	MARYL	AND / Ce	DEPAF ERTIF	RTMEN	T OF H	DEAT	AND I		HYGIEN REG. NO				
	1. DECEDENT'S NAME (First						-				2. DATE OF				3. 1	TIME OF DEATH
	BE	LLA	CHORI	roct	r_			MONTH	2	MY C	YEAR		6.45A			
	4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE (in yrs. lest	t birthday)	IF UNDE	R 1 YEAR	IF UNDER	3 24 HRS.	7. DATE OF	BIRTH	7		HPLA	CE (State or Foreign
	117-28-8983		1 🗆 M 24 🗆 F		93	YRS.	MONTHS	DAYS	HOURS	MIN.	04/28		n	RUS:	(ry)	
						Y, TOWN C	R LOCATI	ON OF DE		7 1 7 0 1		JNTY OF				
S S	HEBREW HOME OF GREATER WASHINGTON ROCKVILLE											TGOM				
5	RESIDENCE OF DEC															
DIRECTOR	10a. STATE	10b. COUNT						OR LOCAT	ION						10d	INSIDE CITY
	MARYLAND	MONTO	GOMERY			ROO	CKVI	LLE							10	YES 2 NO
₹	10e, STREET AND NUMBER	T DO 17							ZIP COD	E			10g. CF1	TIZEN OF	WHAT	COUNTRY?
FUNERAL	6121 MONTROS	E KUAI)					20)852				UNIT	ED S	TA	res
5	11. MARITAL STATUS		12. WAS DECEDEN				13.	WAS DEC	ENDENT C	F HISPAN	NIC ORIGIN? (Specify Yes	or No-	14. RAC	E - /	imerican indian,
BY	1 Never Married 2 3 X Widowed 4 Divo		FORCES? 1			O		1 YES			n, Puerto Ric	en, etc.)				ito, atc. WHTTE
	3 TV MISSANG 4 DIAG	rcea	<u> </u>						28	19100					,.	MILLI
9	15. DEC (Specify only	EDENT'S EDU highest grade	CATION completed)		(Gh	ve kind of	work done	during mo	N st of worldr	na .	16b. K	IND OF BU	SINESS/IN	DUSTRY		
9	Elementary/Secondary (0	-12)	College (1-4 or 5	+)	Mo.	Do NOT u	se retired.)									
COMPLET	12				HON	1EMA1	CER					OWN HOME				
8	17. FATHER'S NAME (First, M.										ME (First, Mid					
BE	WOLF GREEN								REI	BECCA	A KALI	IANSO	N			
2	19a. INFORMANT'S NAME (7)				19b	MAILING	ADDRES	S (Street a	nd Number	or Rural I	Route Number,	City or Tow	n, State, Zi	p Code)	_	
- 1	IRWIN CHOR				12	414	Му	er Te	errac	ce, i	Rockvi	llle,	MD .	2085	3	
20a. METHOD OF DISPOSITION 1							own, S	Stata								
	4 Donation 5 Other	(Specify)		MT	. AR	ARAT	CEN	ÆTEF	RY		11/26	PINI	ELAWN	I, L.	I.	, NY
	21. SIGNATURE OF POSERA	SERVICE LIC	ENSEE					NAME AN				MEMO	DIAT	OHA	DIT	a TNO
	* XF	. 1	7	5	Px	1										LS, INC,
	23. PART i. Enter the di	seeses, pr	complications the	t ceused	the dec	eth. Do r	Dt ente	the mo	de of dvi	VIII	e Pike	, KO	CKV1	rre,	MI	20852 Approximata
	enock, or ne	eart feilure.	Liet Dniy Dne cau	se DN ea	ch line.				ao or ay	irg, add	ii aa caraa	o Di tempi	newly at	rout,		Interval Between
	iMMEDIATE CAUSE (Fin disease or condition	ei N	.0		1	×0-		-			0					Onset and Death
H	reauiting in death)	→	a. INU	(27.42.4	(N	THO	CI	D	EME	ハて	14				_	
			DOE 10	(OH AS A	CONSEC	UENCE O	F):								-	
CERTIFICATION		Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):														
F	If any, leading to immed cause. Enter UNDERLY		502 10	(On AS A	CONSEC	OENCE O	r):								ľ	
윤미	CAUSE (Disease Dr inju		c	(OR AS A	CONSEQ	HENCE OF	FI.								-	
Ē	that initiated events reaulting in death) LAS			(011 AD A	CONSEQ	OLNOL O	r)·								i	
8			d								-				\dashv	
	PART II. Other eignifice	nt condition	a contributing to	deeth bu	ut not re	aulting	in the u	nderlying	ceuse g	given in	Part I. 24	a. WAS AN	AUTOPSY	248	. WER	E AUTOPSY FINDINGS
HYPERTENSION PERFORMED? 1 YES 2 THO OFF									LABLE PRIOR TO PLETION OF CAUSE							
									EATH?							
3											-				1 []	YES 2 NO
1	25. WAS CASE REFERRED TO	MEDICAL				_		26. PI	ACE OF D	EATH (C)	eck only one)					
SS	EXAMINER?		HOSPITAL:	ER/Outo	etlant 2	1004	OTHE	R:								
Ĭ	27. MANNER OF DEATH		28a. DATE OF	INJURY		26b. TIM	E OF			elgence	6 Other (S		N.ILIRY OO	CURED	_	
		ending	(Month, D	sy, Year)	-	INJ	URY M	28c. INJU WOI	RK?	_ NO	Lou. DEGGN	DE NOW I	HJORT OC	CONED		
B	2 Accident	nvestigation						· 🗆 '		, 110						

29a. CERTIFIER
(Check only
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

2 _ MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

11/24/93

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) D 36552

Telwar, M.D. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ROCKVILLE MO. 20852

31. DATE FILED (Month, Day, Year) Lie Sandon-Andell 1993 NOV 29

6 Could not be determined

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	The state of the s

TO THE FUNCTOR: After this certificate has been signed by the attending physician and completely filled in by the functor, page 5 may be retained by the hospital or attending physician. TO THE FUNCTOR: After this certificate has been signed by the attending physician and completely filled in by the functal director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Nem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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93 36411 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			MENTAL HYG	LIVE -	3	36411
1. DECEOENT'S NAME (First, Middle, Last	" Henry Milt HENRY CRO	on Crossw SSWHITE	hite,	Jr.	2. DATE OF DEAT MONTH	N DAY 30	YEAR 93	3. TIME OF DEATH 5:29F
4. SOCIAL SECURITY NUMBER 578-18-7916 92. FACILITY NAME (If not institution, give	1 € M 2 □ F 7	4 YRS.	HUNDER 1 YEAR DAYS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year Mar 26,	1919	Country)	vland
Prince George's			Chever		SAIT!			eorge's
100. STATE 100. COUN Maryland Pri 100. STREET AND NUMBER	ince George's		chelly	ille				IDD. INSIDE CITY LIMITS? I YES 2 X NO
10450 Lottsford	Road #230		10	20721				States
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	If yes, sp		NIC ORIGIN? (Specifi an, Puerto Rican, atc		14. RACE - Black, Specify.	American Indian, White, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of won life. Do NOT use n	k done during metired.)		-17-2-1170	BUSINESS/IND		
17. FATHER'S NAME (First, Middle, Last)	8	Physicis	τ	16. MOTNER'S N	Kesei		onns	Hopkins l
Henry MIltor	n Crosswh			Albert			homas	S
19a. INFORMANT'S NAME (Type/Print) Hannah M. Crossw	white (Wife)		as #10		Route Number, City or	Town, State, Zip	Code)	
20a. METHOD OF DISPOSITION 1	20	b. PLACE AND DATE OF I	DISPOSITION /N	ame of	DATE 200	LOCATION —	MD	n, Stata
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE /	M00827	Rapp	ND ADORESS OF FA Funeral	Services Silver	, P.A.		20910
23. PARTA. Entar the disesses, or ahock, or heart failure iMMEDIATE CAUSE (Fine) disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEDUENCE OF:	end J pholog	city		eapiratory arro	eat,	Approximate Interval Betwee Onset and Dea
cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condition	DUE TO (OR AS	A CONSEDUENCE OF):				S AN AUTOPSY	1 200 1	VERE AUTOPSY FINDING
Pontyles	mellitus Mellitus	2 %	Cravel	heryraco	MC PEF	REDRINED?	0	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (C				
1 YES 2 NO 27. MANNER OF DEATH	1 Denipation 2 ER/Out 28s. DATE OF INJURY	28b. TIME C	F 28c, IN.	JURY AT	6 Other (Specify) 26d. DESCRIBE HO		URED	
1 Natural 5 Pending 2 Accident Investigation		INJUR	M 1 🗆					
3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, term, stre ecify)	et, factory, offic		281. LOCATION (St. City or Town, S	reet and Number (Nete)	or Rural Roi	ute Number,
	SICIAN: To the best of my know							and manner es stated.
296. SIGNATURE AND TITLE OF CERTIFIE	ER AH	ending Ph	ysiein	29c, LICENSE NU				Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	NO COMPLETED CAUSE OF D	(03 00	(nt)					

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DIFFERMENT OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

DIFFERMENT OF ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should remain within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.

STATE	OF MARYLAND /	DEPARTMENT	OF HEALTH	AND ME	ENTAL HYGIENE
	CE	ERTIFICATE	OF DEAT	TH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	RTMENT OF I	HEALTH AND	MENTAL HYGIEN		30412	
	1. DECEDENT'S NAME (First, Middle, Last) SYDNEY	C	ONNO			2. DATE OF DEATH DO NOTH DO	A ĀĒV	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 215-38-2605	1 🔯 M 2 🗆 F (in yrs. lest birthday) 39 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) May 2, 19(8. B	IRTHPLACE (State or Foreign puntry) Colorado	
OR	9a. FACILITY NAME (If not institution, give s Randolph Hills Nu				neaton	EATH	% COUNTY OF DEATH Montgomery		
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland M	TY, TOWN OR LOCAL	rion ethesda			10d, INSIDE CITY LIMITS? 1 (2 YES 2 X NO			
							10g. CITIZEN	OF WHAT COUNTRY?	
Z WARTH CTUIN							d States		
IF YES, GIVE WAR OR DATES 1 YES 2% NO Specify: 1 YES 2% NO Specify:						in, Puerto Rican, atc.)	6	ACE — American Indian, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	Work done during mo	ON ost of working	16b. KIND OF BUS	SINESS/INDUSTR	r	
IPLE	Elementary/Secondary (0-12)	College (1-4 or 5+) 5+		tor		Central	Intell	igence Agency	
	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA	ME (First, Middle, Meiden		agence nigency	
8	Herbert Connor 190. INFORMANT'S NAME (Type/Print)	-	19b. MAILING	ADDRESS /Street		Gutterson Route Number, City or Tow.	a State 7in Code		
2	Phyllis W. Connor					d Bethesda,			
	20a. METHOD OF DISPOSITION 1	oval from State CB/T	PLACE AND DATE	OF DISPOSITION (No	ame of 11/28	3/93 20c. LO	CATION — City of		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	negomer y	22. NAME A	D ADDRESS OF FA	Ch Robert	A. Pum	phrey_Funeral	
- 1	· WILL E		M00672					ohrey Funeral Gryland 20814-	
	23. PART I. Enter the diseases, or shock, or heart fallure. IMMEDIATE CAUSE (Final disease or condition	complications thet/cause Liet only one cause on e	the deeth. Do	not enter the mo	da of dying, suc	h as cardiac or respi	ratory arrest,	Approximata Interval Batween Onset and Death	
	resulting in death)	DUE DO (OR AS A	CONSEQUENCE	o sole	Mer			dags	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. Sequentially list conditions, Due to (or as a consequence op): C. C. C. C. C. C. C. C. C. C. C. C. C. C							2		
RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	NF):					
AL CE	PART II. Other significant condition	a contributing to death b	ut not reaulting	In the underlyin	g ceuse given in			24b. WERE AUTOPSY FINDINGS	
MEDIC/						1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
. ME								1 TYES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOODITAL			ACE OF DEATH (C)	eck only one)			
IYSI	1 VES 2 HO 27. MANNER OF DEATH	HOSPITAL: 1 Inpatient 2 ER/Outp				8 Other (Specify)			
	1 Natural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	VES 2 NO	28d. DESCRIBE NOW II	NJURY OCCURE	·	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,	street, factory, offic	•	281. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,	
COMPLETED		CIAN: To the best of my know							
CO	2 MEDICAL EXAMINE	R: On the basis of axamination	n end/or investigation	on, in my opinion, d			d due to the cau	se(s) and manner as stated.	
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WH	claur,	M.D.	Orlean.	29c. LICENSE NU	34 234	P //	NED (Month, Day, Year)	
	BARRY ROSEMB.	AUM 372		RAGUT	AVE. K	ENSINGT	ay, U	D 20895	
	31. DATE FILED (Month, Day, Year) NOV 9 0 1003	Julia Davidson-1							

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	JING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page	
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L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writhin Pours after death. Page 6 may be retained by the hosoital or attending physician.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	I flom 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE MOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this certifit be filed within 72 hours after death with the	IMPORTANT: If item 28 is marked, or

- STATE REGISTRAR		CERTI	TOATE OF		REG. I			
1. DECEDENT'S NAME (First, Middle, Last	ASH DAN				2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	1	AGE (In yrs. last birthday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN	1	23	PLACE (State or Foreig
494-40-5900	1 M 2 F	86 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year,		Countr	γ)
9e. FACILITY NAME (If not institution, give	street end number)		96. CITY, TOWN	OR LOCATION OF D			NTY OF D	
MONTGOMERY GENERA	L HOSPITAL		OLNEY			MON	GOMI	ERY
10a. STATE 10b. COUN	TY	10c. C	TTY, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS?
	OMERY	SIL	VER SPRI					1 X YES 2 NO
10e. STREET AND NUMBER			10	r. ZIP CODE		10g. CIT	IZEN OF Y	VHAT COUNTRY?
15310 BEAVERBROOK 11. MARITAL STATUS				0906		UNIT		
1 Never Merried 2 Merried	12. WAS DECEDENT E FORCES? 1	YES 2 NO	13. WAS DEC	CENDENT OF NISPA pecify Cuben, Mexic	NIC ORIGIN? (Specify an, Puerto Ricen, etc.) lly:	Yes or No-	14, RACE Black	- American Indian, c, White, etc.
3X Widowed 4 □ Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YES	S 21 NO Speci	ity:	4.0	Speci	*
15. DECEDENT'S ED	UCATION		'S USUAL OCCUPATI		16b. KIND OF	BUSINESS/INI		. Е
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	of work done during mi 'use retired.)	ost of working				
	5+	SOCIAL	WORKER		PRIVAT	E FIRM	(S	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Meid			
MAX SACHEROFF				RABECC	A WOOLF			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILIN	NG ADDRESS (Street	and Number or Rural	Route Number, City or	Town, State, Zij	Code)	
DAVID CASHDAN		2502	CLIFFBOU	RNE PL.	N.W. WASH	INGTON	LD.C	20009
26a. METNOD OF DISPOSITION 1 th Buriel 2 Cremetion 3 Re	movel from State	20b. PLACE AND DAT	E OF DISPOSITION (N		DATE 20c.	LOCATION -	City or To	wn, State
4 Donation 5 Other (Specify)		MT. LEBA	NNON CEN	ÆTERY	11/30 AD	ELPHI,	MD.	
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE		22 NAME A	NO ADDRESS OF F	A COLUMN TOWNS			
						ODTAT	CHAT	FIC THE
Doanh	Aton	e	DANZA 1170	NSKY-GOL ROCKVILL	DBERG MEM E PIKE. R	OCKVII	LE.	
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LTIMORE, MARYLAND 21215-0020	eath. Page 6 may be retained by the hospital or attending physician.	uneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

INFTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death, Page 6 may be retained by the hosp	TO THE FUNEFAL ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.		6
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F	10	De med within 72 hours after death with the state Uept, of health and mental hygiene prior to burial, cremation, of removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
120			_

MCLVIW W. CA.

31. DATE FILED (Month). Day, Your)

NOV 3 0 1993

_	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF I		REG. NO	,	3 36414	
	1. DECEDENT'S NAME (First, Middle, Lest) EARLENE CALLOWAY					2. DATE OF DEATH DAY 1993 9:44 a. M			
	210 34 7007	8-54-9889 1□M2ØF 42 YRS.		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Mogrh, Day, Year) 05-11-	1951 Maryland		
TOR	9e. FACILITY NAME (If not institution, give street and number) 11507 February Circle, #103 Silver S RESIDENCE OF DECEMENT								
DIRECTOR	Maryland Montgomery 10c.			ilver		10d. INSIDE CITY LIMITS? 1 ☑ YES 2 ☐ NO			
BE COMPLETED BY FUNERAL	11507 February Circle,#103			101. ZIP CODE 20904			U.S.A.		
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, DIVE WAR OR DATES		13. WAS DECENDENT OF HISPANIC ORIGING IN 1994, specify Cuben, Mexican, Puerto 1 PYES 2 PNO Specify:		an, Puerto Rican, etc.)			
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Unemployed						TRY		
	17. FATHER'S NAME (First, Middle, Lest) Earl L. Garrison, Sr. 18. MOTHER'S NAME (First, Middle, Meiden Surmarne) Mabel M. Johnson								
4	196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mabel M. Garrison (Mother) 20800 Zion Rd., Gaithersburg, MD 20879								
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of capacity or other place) Mt. ZION Cemetery 12/1 Olney, MD								
	21. SIGNATURE OF FUNERAL SERVICE LICENSTE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850								
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition Esophageal Carcinoma A								
	s. Due to (or as a consequence or): Respiratory Insufficiency NEVER OF THE CY								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING								
ERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):								
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause g					Part I. 24s. WAS AF PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMRLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpetlent 3 DOA 4 Nursing Home 8 Residence 6 Other (Specify)								
ву рнуз	27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	27. MANNER OF DEATH 1 Natural 8 Pending 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY				28c. INJURY AT WORK? 1 YES 2 NO			
COMPLETED B	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spe					CATION (Street and Number or Rural Route Number, ty or Town, State)		
PLE	100000000000000000000000000000000000000	CIAN: To the best of my know							
S I	a MEDICAL EXAMINE	Y: On the basis of axamination	on and/or investigation	n, in my opinion,	death occured at the	time, data and place, a	nd due to the	cause(a) and manner as stated.	

PLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
HD 2041 GCOCGIA AUC W. CASKINS, MD N.W. WASH. DE. 30060 22. RECIGIFAR'S SIGNATURE



	1 - STATE REGISTRAR	SIMIE UF I		RTIF	ICATE OF	DEATH	NU ME	NIAL HYGIENI REG. NO.	E		00110
	1. DECEDENT'S NAME (First, Middle, Last)	Milton	Copela				2.	DATE OF DEATH OA MONTH	993	YEAR	3. TIME OF DEATH $5:2000 \text{ M}$
	4. SOCIAL SECURITY NUMBER 217-36-7099	5. SEX 1 🔀 M 2 🗌 F	AGE (In yrs. lest 79	birthday) YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	HRS. 7.	DATE OF BIRTH		e. BIRTH	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give to 5900 Damascus R.				96. CITY, TOWN Gai	thersh	OF DEATH		9c. COU	ntgon	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOCAT	ION				T	10d. INSIDE CITY
ā		ontgomery	7		Gai	thers	ourg				1 TES 20 NO
RAL	100. STREET AND NUMBER 5900 Damascus	Pond			10	. ZIP CODE					HAT COUNTRY?
INE	11. MARITAL STATUS		T EVER IN U.S. ARI	450	140 1110 000	20882		Vista i se consulta de la consulta del consulta de la consulta del consulta de la			States
В	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES ZEN	O O	If yes, sp	ENDENT OF Hecity Cuban, I	Mexican, P	ORIGIN? (Specify Yes uerto Rican, etc.)	or No—	14. RACE Black Specif	- American Indian, , White, atc.
E	15, DECEDENT'S EDU (Specify only highest grade		(Gh	re kind of	USUAL OCCUPATION	oN st of working		16b. KIND OF BUS	INESS/INC	DUSTRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5		Do NOT u	aborer			Farmi	ng		
NO.	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	R'S NAME (First, Middle, Meiden S			
BE C	Malachi Co	peland				Fı	rance	s Simps	on		
2	19a. INFORMANT'S NAME (Type/Print)	,						Number, City or Town			0000
	Gillis C. O	wings			Damascu OF DISPOSITION (No		ı, Ga	ithersbu			
	1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	ioval from State	cemetery, crem	natory or o	Cellie tery	12/1	1/93			SON,	
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE			22. NAME AI	ID ADDRESS	OF FACILIT	orth, P.	Α.	19	
	allen L.	Volesu	ath		2640	l Ride	ge Ro	., Damas	cus,	Md.	20872
	23. PART i. Enter the diseases, or shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a.	co	Die	ن هدی		_	D I See			Approximats Interval Between Onset and Desth
NOIT	OUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	c. OUE TO	(OR AS A CONSEO	UENCE O	F):						
	PART II. Other significent condition	as contributing to	death but not re	eultlaa	n the underlying	Course of	on In Door	1 i. 24e. WAS AN /	LITTORNY	1	WERE AUTOPSY FINDINGS
MEDICAL						Couse give	on in Par	PERFORI	WED?	246.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ ;;											1 TES 2 NO
SIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					ACE OF OEAT	TH (Check o	inly one)			
PHYSICIAN:	YES 2 NO	HOSPITAL:	ER/Outpetient 3	□ DOA	OTHER: 4 - Nursing Hom	5 Roold	ence 6 🗆	Other (Specify)			
ВУ РН	27. MANNEB OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF (Month, D.	ily, Year)		M 1 1	RK? ES 2 N		1. DESCRIBE HOW IN	JURY OC	CUREO	
ETED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At hometc. (Specify)	ne, ferm, i	street, factory, offic		261	LOCATION (Street or City or Town, State)	nd Number	or Runal R	oute Number,
COMPLETED		ICIAN: To the best of ER: On the bests of an									and manner as stated.
88	295. SIGNATURE AND TITLE OF CERTIFIES	Level	· -·	~×	>	294: LICENS	and in the department of		29d. DAT	E SIGNED	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	SE OF DEATH (ITEM		Print) 2-18 W	ريحري	men	n Aug		745	the sale
	31. DATE FILED (Month, Day, Year)	69	R'S SIGNATURE	2 4							
	116 1 11 2 10	93 Julia	Savidson-1	andel	72.						

The Risk of

BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physici	in by the funeral director, page 5 should be detached for use as the burial-
	Po	P 2
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics	L OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial. Proceed as the burial processing the form of the chain with the Chain form of Mariel Housen prior in burial companion or amount

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Nov. 22, 1993 YEAR 11:45 a. . MARY ELIZABETH COLESAR 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 🗌 M 2 🙀 F 210-03-6762 84 1/11/1909 Pennsylvania page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Citizens Nursing Home Frederick Frederick DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Frederick Frederick 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? Rosemont Avenue 21701 U.S.A. pe 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 Married BY 1 YES 2 XNO Specify 3√ Widowed 4 □ Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at B Frank Knize Veronica Vild 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
7906 Hawthorn Drive Frederick, MD 21702 2 Eloise C. Diffenderfer pe 29. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE must 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Union National Cemetery 11/27 Arnold, Pennsylvania examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE ROBERT E. DATLEY & SON FUNERAL HOMES, P.A. 1201 NORTH MARKET ST. FREDERICK, MD 21701 medical 23. PART I. Enter the diseases, or complications that caused the death/Do not enter the mode of dying, such as cardisc or respiratory screet, shock, or heart feiture. List only one cause on each line. Approximate Onset and Death IMMEDIATE CAUSE (Final the disease or condition resulting in death) Is marked, or Item 23 shows any Injury, or other traumatic event, DUE TO (OR AS A CONSEDUENCE OF): BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially ilst conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (DR AS A CONSEDUENCE DE): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 TYES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 - Residence S - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be TO THE FONERAL DIRECTOR: DE filed within 72 hours after - IMPORTANT: If Item 28 Is 4 Homicide 1 CCERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: On the basis of scami 296. SIGNATURE AND TITLE OF CERTIFIER 25c. LICENSE WARREN 29d. DATE SIGNED /Month. Disc Your BE Marda ▶ Nov. 22, 1993 2 120. 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Arthur G. Maneol, M.D. 187 Thomas Johnson Dr. Frederick, Md. 31. DATE FILED (Month, Day, Year) NOV 2 4 32. REDISTRAR'S SIGNATURE Julia Davidson-Randon

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	ATTENDING DEVOLUTE. The law requires that the death certificate be executed within a court at
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VISION OF VITAL RECORDS, P.O. BOX 13146,	PYACL
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND		MENT OF HEALI		ENTAL HYGIEN		93 3041
	1. DECEDENT'S NAME (First, Middle, Last)		В.	CUTSAIL	2	- 1	AY YE	3. TIME OF DEATH 1:00 A. M
	4. SOCIAL SECURITY NUMBER 213-40-8178	5. SEX 1 M 2 F 94		UNDER 1 YEAR IF UN HITHE DAYS HOUF	ADED AL MOR	Sept. 3,1	900	BIRTHPLACE (State or Foreign country) aryland
TOR	sa. FACILITY NAME (II not institution, give s Citizens Nur RESIDENCE OF DECEDENT		9	Frederi		TH	sc. COUNTY Fre	of DEATH derick
DIRECTOR	10a. STATE 10b. COUNTY	Frederick		own on LOCATION erick Taney	Ave.			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	10. STREET AND NUMBER	? Taney Ave		101. ZIP C	2170	02		of what country? ed States
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 X YES 2 I IF YES, GIVE WAR OR DATES W. W. I		13. WAS DECENDEN If yea, specify C	Luben, Mexicen, I	ORIGIN? (Specify Ye Puerto Rican, etc.)	s or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 th	completed) College (1-4 or 5+)		UAL OCCUPATION s done during most of we stired.)	orking	16b. KIND OF BU	siness/indust	
	17. FATHER'S NAME (First, Middle, Lest)	IRAM S. CUTS			IDA	CORDELIA	Surname)	MAIN
TO BE	19a. INFORMANT'S NAME (TypePrint) Miriam L. Bly			oness (Street and Mur Ongpoint F				
	20e METHOD OF DISPOSITION 124 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State 20b. PLAC	Plece) Rest	on (Name of cometer); chaven Men	cremetory or norial		rederic	or Town, State K , Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	Detern	er)	22. NAME AND ADD				eral Home ick,Md. 21702
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. A PTERIO S C. DUE TO (OR AS A CONS.)	ne. LECOTIC					Interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A CONS	SEQUENCE OF):			-		
AL CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):					
MEDICAL CE	PART II. Other significant condition		t resulting in	the underlying cau	se given in Pa		RMED?	24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THEM:	OF DEATH (Check			
BY PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 Vistural 5 Pending Investigation	1 Inpatient 2 ER/Outpetient 28a. DATE OF INJURY (Month, Day, Year)	20b. TIME (OF 28c. INJURY A WORK? M 1 YES	AT 2	Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
TED B	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm, stre	et, factory, office	2	281. LOCATION (Street City or Town, State	and Number or i	Pural Pioute Number,
COMPLE	anal anny	ICIAN: To the best of my knowledge, ER: On the basis of examination and						succ(e) and manner as stated,
TO BE CO	296. SIGNATURE AND TITLE OF CERTIFIE	hout?	1 4	.D. 6	105		29d. DATE SI	GNES (Month, Day, Year)
=		ith, Jr. / 300		th St./ F	rederi	ck, Md.	21701	

32. REGISTRAR'S SIGNATURE
Grand Davidson-Randoll

31. DATE FILED (Morith, Day, Year)
NOV 17

8.

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 23 nours after death. Page 8 may be retained by the hospital or attending physician.

HEITOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should may after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

28 is merked, or item 23 shows eny injury, or other traumatic event, the medicel examiner must be notified at once. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

FOR

Amended, #19b, 11/15/93, G.L.H., Frederick Co.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CE				2. DATE O	F DEATH			3. TIME OF DEATH
Jean Don	othea	Cuff				MONTH	mhan		993	5:10 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yra. last	t birthdev)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF		7.		HPLACE (State or Fore
031-22-7263	1 M 2 DF	63	YRS.	MONTHS DAYS	HOURS MIN.	Feb.	Duy, Year)	1930	Count	sachuset
9a. FACILITY NAME (If not institution, give a 912 McLendon Dr. RESIDENCE OF DECEDENT				Prede	OR LOCATION OF E			9c, COL	eder	DEATH
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT			10c, CITY	, TOWN OR LOC	ATION					10d. INSIDE CITY
Maruland Fr.	ederick			rederi						LIMITS?
10e. STREET AND NUMBER		_			01. ZIP CODE					WHAT COUNTRY?
912 Mc endan D. 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? 1	NT EVER IN U.S. ARI I YES 2 JAN MAR OR DATES		If yes,	2170 ECENDENT OF HISPA appecify Cuban, Mexic ES 21 NO Spec	NIC ORIGIN?			Blac	CE — American Indianology, White, etc.
15, DECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)		(G/		USUAL OCCUPA vork done during i e retired.)		16b, R	UND OF BUS	SINESS/IN	IDUSTRY	
unknown		Hor	memak	oon				Hom		
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	10		,		
Edward Lynch					Eveli	<u>in BEl</u>	livea	u		
19a. INFORMANT'S NAME (Type/Print) Sara Stamos		198	5. MAILING	ADDRESS (Stree	t and Number or Aura	Houte Number	r City or Town	n, State, Z	Code 21	1770
20a. METHOD OF DISPOSITION		20b. PLACE	OF DISPOS		content, cremetory or					Town, State
	noval from State	other pla	ace)					intr		
1 V Burial 2 Cremation 3 Ren 8 Donation 5 D Other (Specify)		1 BRUO 1	Hill	Comoto	ru		рла.		· V.V	MUSS -
21. SIGNATURE OF TURENAL SERVICE LI	a St	at the	3	Star P.O	and address of Fulfer Ful Box 181	ieral	Homes ederi	, PA	MD 2	1702 Approxima
21. SIGNATURE OF TURENAL SERVICE LI	a St	at caughd the de	eth. Do n	22. NAME Star P. 0 not enter the n	AND ADDRESS OF FULL FULL FULL FULL FULL FULL FULL F	neral 19. Fr	Homes ederi oc or rospl	, PA ck, Iratory •	MD 2	1702
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	complications the	at caughd the de	OUENCE OF	22. NAME Stau P. 0 not enter the n	AND ADDRESS OF FUR LIGHER FUR BOX 181 node of dying, su	neral 19. Fr	Homes ederi oc or rospl	, PA ck, Iratory •	MD 2	1702 Approximal Interval Bell Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	complications the List only one can b	at caused the deuse on each line has has a consecuence of the secuence OF	22. NAME Stau P. 0 P. 0 P. 0	AND ADDRESS OF FUR LIGHER FUR BOX 181 node of dying, su	neral 19. Fr	Homes ederi oc or rospl	, PA ck, Iratory •	MD 2	1702 Approximal Interval Bell Onset and	
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23. PART I. Enter the disease, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inhitsted events resulting in death) LAST PART II. Other significant conditions resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Meturel 8 Pending Investigation Pending Investigatio	e	at caused the deuse of each line O (OR AS A CONSECT O (OR AS A C	QUENCE OF QUENCE OF GUENCE	22. NAME Stau P. 0 not enter the n 3 P): In the underly 26. OTHER: 4 Nursing H EOF 28c. URY M 1 street, factory, of	Ing cause given in specific property at the sp	neral 19 Fr. ch as cardidate and a cardidate a	Homes ederic ec or respi 24a. WAS AN PERFO 1 VES 2 (Specify) RIBE HOW I THON (Street r Town, State)	AUTOPSY SMED? NO and Numb	MD 2 rrest, y 24 ccureo per or Rural tated, the cause	Approximatinterval Be Onset and Conset and Coulons and
23. PART I. Enter the diseases, or shock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Matural 8 Pending imvestigation 3 Suleide 8 Could not be determined 29e. CERTIFIER (Check only)	DUE TO B. DUE TO B. DUE TO C. DUE TO d	at caused the deuse of each line O (OR AS A CONSECT O (OR AS A C	QUENCE OF QUENCE OF GUENCE	22. NAME Stau P. 0 not enter the n 3 P): In the underly 26. OTHER: 4 Nursing H EOF 28c. URY M 1 street, factory, of	Ing cause given in supervision of the place of Death (Come & Place o	neral 9 Fr. 10 Fr	Homes ederic ec or respi 24a. WAS AN PERFO 1 VES 2 (Specify) RIBE HOW I THON (Street r Town, State)	AUTOPSY SMED? NO and Numb	Y 24 CCURED oer or Rural tated. the cause ATE SIGNE	Approximation of Country of Death? 1 Yes 2 N

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	to The PAREAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	Little in 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPDRIME Alten 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIEN		36419
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
9	4. SOCIAL SECURITY NUMBER	Dr. Charles	Henry CC		,		, 1993	8:10 P. M
9	219-12-2271	5. SEX 6. AGE	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	July 24, 19	l Co	ATHPLACE (State or Foreign unity)	
	9e. FACILITY NAME (If not institution, give str	reet and number)		9b. CITY, TOWN C	R LOCATION OF DI		9c. COUNTY OF	-
DIRECTOR	Homewood Re	etirement Ce	nter	Fre	derick		Fred	lerick
E	10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT				10d. INSIDE CITY
		lerick		Frederi				1X YES 2 NO
FUNERAL	100. STREET AND NUMBER 199 Baughma	ans Lane		101	21702			F WHAT COUNTRY?
3	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes	or No.— 14. R	ACE - American Indian.
B	1 Never Married 2 N Married 3 Widowed 4 Divorced	FORCES? 1 X YES IF YES, GIVE WAR OR D World War]	2 NO ATES	If yes, spe	city Cuben, Mexica	in, Puerto Rican, etc.)	Bi	lack, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	16a. DECEDENT'S U	ork done during mo:	N st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
P.E	Elementary/Secondary (0-12)	College (1-4 or 5 +) 5+	Medica	1 Docto	r	Medi	cine	
S S	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Melden	Surneme)	
BEC	Charles	H. CONLEY,	M.D.		Heler	Abell BAU	JGHMAN	
TO B	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
-	Mrs. Alice W. Conl	ley	199 Ba	ughmans	Lane, I	rederick,	Md. 217	'02
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		PLACE AND DATE OF			9 1993 Fr	cation - city or ederick	Town, State , Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE		die offic	22. NAME AN	D ADDRESS OF FA	CILITY		
	Allan H	Ruby	M00703	Keeney	& Basfo	ord P.A. Fu	meral H	Home Md. 21701
	23. PART I. Enter the diseases, or co shock, or heart fellure. L	omplications that cause	the deeth. Do no	ot enter the mo	de of dying, auc	h as cerdiec or reapi	ratory arrest,	Approximate
	IMMEDIATE CAUSE (Final	ist only one sause on e	ecn line.					Interval Between Onset and Death
	disease or condition resulting in death)		mari					
_		DUE TO (OR AS)	CONSEQUENCE OF)					
TIO	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	CONSEQUENCE OF)					
<u>১</u>	CAUSE (Disease or Injury	DUE TO (OR AS A						
CERTIFICATION	that initieted events resulting in death) LAST	DOE TO (OH AS A	CONSEQUENCE OF)	•				
	DART II Other classificant and disease							
CAL	PART II. Other algnificant conditions	ST- nol	ut not resulting in	the underlying	ceuse given in	Part I. 24a. WAS AN PERFOR		AMILABLE PRIOR TO
PHYSICIAN: MEDIC		3/-/				1 □ YES	NO	OF DEATH?
2						— i		1 TES 2 NO
Ž I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (Ch	eck only one)		
Si		HOSPITAL: 1 Inpatient 2 ER/Outp		OTMER: Nursing Home	5 - Residence	8 Other (Specify)		
H	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME INJU	RY WO	RK?	28d. DESCRIBE HOW I	NJURY OCCURED	
BÁ	2 Accident Investigation	280. PLACE OF INJURY	- At home, farm, str		ES 2 NO	28f. LOCATION (Street 4	and Number or Run	al Route Number
COMPLETED	4 Homicide 6 Could not be	building, etc. (Spec	effy)			City or Town, Stete)		
3		IAN: To the best of my know						
g	one) 2 MEDICAL EXAMINER	On the beele of examination	n end/or investigation	, In my opinion, de	eath occured at the	time, date and place, en	d due to the caus	e(e) end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	P	0		29c. LICENSE NUM	4BER	29d. DATE SIGN	ED (Mogth, Day, Year)
၀	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (IJEM 27) (Type F	Print)			1//	8113
	Dr. A. Austin Pe				Street,	Frederick	Md. 21	701
	31. DATE FILED (Month, Day, Year) NOV 1 0 199	32. REGISTRAR'S SIGN				· · · · · ·		
	1101 7 0 100							

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3. TIME OF DEATH

2. DATE OF DEATH

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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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L OR ATTENDING P DIRECTOR: After 1 hours after death

FUNERAL I **HOSPITAL**

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Pages 1, 2, 3 should

CRANWILL Nov. 29,1993 ALFRED 1AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) 5. SEX IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 05-12-04 Illinois 1 M 2 | F 375-22-5566 Sa. FACILITY NAME (If not institution, give street and number)
5149 Hesperus Drive COLUMBIA 9c. COUNTY OF DEATH DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY LIMITS? Columbia 1 YES 2 100 Maryland Howard FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 21044 5149 Hesperus Drive 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 2 X NO If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 2 Married 1 YES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White ETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) (Give kind of work done during me life. Do NOT use retired.) Elementary/Secondary (0-12) College I1-4 or 5+1 COMPL 5+ Education Teacher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Thomas Cranwill Katherine 图 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5149 Hesperus Drive Columbia Maryland 21044 Evelyn S. Cranwill 20s. METHOD OF DISPOSITION
1 □ Burtisl 2 G Cremation 3 □ Removal from State
4 □ Donation 6 □ Other (Specify) 20b. PLACE OF DISPOSITION (Name of cornetery, crematory or 20c. LOCATION - City or Town, Stata Metro Crematory Catonsville, Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Harry H Witzke Funeral Home Inc Harri 4112 Columbia Pike Ellicott City MD 21043 , or complications that paused the death. Do not enter the mode of dying, auch as cardiec or respiratory arrest, 23. PART I. Enter the disease Approximete ahock, or heart Interval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition My 1/100 resulting in death) DUE TO (OR AS A CONSEQUENCE OF). Lolucen Volue CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate ceuse. Enter UNDERLYING 564 110 CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 YES 2 NO 1 - Inpetient 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5. Aesidence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27, MANNER OF DEATH 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — A1 home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide determined COMPLET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MATURE AND TITLE OF CERTIFIEF 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Yber) BE M 9 ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ichael emen Dumbic 50011 31. DATE FILED (Month, Day, 32. PEGISTRAR'S SIGNATURE ,03 la Davidson-Randall

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	REGISTRAR		CERTIFI	CATE OF D	DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)					DATE OF DEATH	3. TIME OF DEAT
	Melody	Jean Cather					93 9:00
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)		IF UNDER 24 HRS. 7.	DATE OF BUILD	8. BIRTHPLACE (State or Fo
- 3	216-48-3245	1 🗆 M 2 💢 F	45 YAS.	MONTHS DAYS &	HOURS MIN. JU	(Month, Dwy, Year) 11y 12,1948	Maryland
	9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN OR	LOCATION OF DEATH		UNTY OF DEATH
DIRECTOR	Residence: 308 M	ansion Drive	, Apt.4	Perryv	ville		Cecil
5	RESIDENCE OF DECEDENT						00011
뿐	10a. STATE 10b. COUNT		10c. CITY	TOWN OR LOCATIO	N		10d, INSIDE CITY
	Maryland	Cecil		Pe	erryville		1XXYES 2
FUNERAL	308 Mansion Drive	e - Apt. 4		10f. Z	DIP CODE	1903 10g. cm	U.S.A.
5	11. MARITAL STATUS	12. WAS DECEDENT EVER		13. WAS DECEN	IDENT OF NISPANIC C	RIGIN? (Specify Yes or No-	14. RACE — American India
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	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	SUAL OCCUPATION	-44	16b. KIND OF BUSINESS/IN	IDUSTRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Itte. Do NOT use	ork done during most or retired.)	or working	V.A. Medica	1 Center
ᅙ		Three	Licensed	l Practic	al Nurse	Perry Point	, Maryland
ő	17. FATHER'S NAME (First, Middle, Last)			1	IS. MOTHER'S NAME (First, Middle, Meiden Sumame)	
BEO	Walter	Todd, Jr.			Helen	M. Cather	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and		Number, City or Town, State, Zi	(ip Code)
임	Walter R. Cather					Deposit, Mar	
	20a, METHOD OF DISPOSITION	21	0b. PLACE AND DATE O				- City or Town, State
	1/ ABurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	emetery, crematory or oth	er place)			
	21. SIGNATURE OF FUNERAL SERVICE-LI		Hopewell (Dec. / , L	993 Port De	posit, Mary
- 1	Da. 1		_			on & Son Fun	eral Home
	100011	atterson	0, ar.		ville, Ma		iciai nome
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	k:	(ICA	ART DIS	CNZE
E	resulting in death) LAST	d					
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V: MEDICAL	HYPERT OBESITY	ENSION	out not resulting in	the underlying c	ause given in Pari	i. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 X XNO	24b. WERE AUTOPSY F MARLABLE PRIOR COMPLETION OF 0 OF DEATH?
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À	2 Accident Investigation				S 2 NO		
ا ۵	3 Suicide 6 Could not be	28a. PLACE OF INJUS building, etc. (Sp	RY — At home, farm, st pecify)	reet, factory, office	261	LOCATION (Street and Number City or Town, State)	or or Rural Route Number,
LETE	4 Homicide determined						
ן ב	290. CERTIFIER CHOCK only	SICIAN: To the bast of my kno	wiedge, death occurred	at the time, date en	d place, and due to th	e cause(e) and manner as sta	sted.
COMP						, date and place, and due to t	
	29th SIGNATURE AND TITLE OF CERTIFIE						
BE	TOTAL OF CENTIFIE	17/201	2	2	9c. LICENSE NUMBER	29d. DA	TE SIGNED (Month, Day, Year)
2	your n. Mu	valu YVV.	/-		10764		4/6/93
	30. NAME AND ADDRESS OF PERSON WI						
J	Dante U. Monakil,			n Avenue	, Havre d	e Grace, Mar	yland 21078
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE 1.00				
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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DIVISION OF VITAL RECORDS, P.O. BOX 687	ON OTHER PROPERTY. THE PERSON AND ADDRESS OF THE PERSON AND PERSON
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			4. SOCIAL SECURITY NUMBER	5. SEX B. AGE					
	44		221-14-3179 1XM2DF						
	3 should		9a. FACILITY NAME (If not institution, give street and number)						
	8	E E	Union Hospital						
	1, 2,	5	RESIDENCE OF DECEDENT						
	See	DIRECTOR	10e. STATE 10b. COL	JNTY					
	permit. Pages	5	Maryland Ced	cil					
	E	AL	10e. STREET AND NUMBER	F9.4					
	. usit	FUNERAL	224 Courtney Dr	rive					
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MARYLAND 21215-0020	r attend use as	ē	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed)					
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A	de de	COMPL	17. FATHER'S NAME (First, Middle, Last)						
Z	3 & 6 A	BE (Jack	Case					
AH	5 should notified		19a. INFORMANT'S NAME (Type/Print)						
Σ	~ W =	2	Mrs. Regina J.	Case (Wife)					
BALTIMORE,	6 may dor, pa		20a. METHOD OF DISPOSITION Buriel 2 Cremation 3 4 4 Donation 5 Other (Specify)	Ramoval from State 20b					
Σ	Page al direc		21. SIGNATURE OF FUNERAL SERVICE	FLICENSEF					
ב	after death. Pag by the funeral dir moval. Ical examiner		1 1	Maryland					
BA	the the final wal.		CHANGLER,	H. (SEBHAAT,					
	hours after ad in by the or removal medical		23. PART I. Enter the disesses, shock, or heart falls	or complications that cause ire. List only one cause on e					
	no. or		IMMEDIATE CAUSE (Final	0 -					
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09	d within omplete i, cremi event,			DUE TO (OR AS A					
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80	prior	3	CAUSE (Disesse or Injury	с					
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Δ.	th ce H Hy	E	resulting in death) LAST	d					
RECORDS, P.O. BOX 68760	the death certificate be y the attending physicial d Mental Hygiene prior injury, or other trau	ਹ	PART II. Other significant condi	tions contributing to desth b					
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E	been sign of Heal	M							
	has be Dept. 0	ä							
Z	L: The is cate has state De	CIA	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:					
5	ician: The ertificate the the State or Item	SI	1 YES 2 NO	1 Inpetient 2 ER/Outs					
F	A ATTENDING PHYSICIAN: The law requires that the death certificate be RECTOR: After this certificate has been signed by the attending physician us after death with the State Dept. of Health and Mental Hygiene prior to m 28 is marked, or Nem 23 shows any injury, or other traur	PHYSICIAN: MEDICAL CERTIFICATION	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)					
7	NG PHYSI frer this c eath with marked,	ВУР	1 Netural 5 Pending 2 Accident Investigati						
IVISION OF VITAL	After death		3 Suicide S Could not	28e. PLACE OF INJURY					
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STATE OF	MARYLAND / DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
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onth, Day, Year)	2	13 10005 A
09, 19		BIRTHPLACE (State or Foreign Country)
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		10d. INSIDE CITY
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	10g. CITIZE	EN OF WHAT COUNTRY?
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SIN? (Specify Ye	s or No— 1	4. RACE — American Indian, Black, White, atc.
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6b. KIND OF BU	ISINESS/INDU	STRY
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ATE 20c, LC	CATION — CI	ty or Town, State
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DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requir	TO THE FUNERAL DIRECTOR: After this certificate has been sibe filed within 72 hours after death with the State Dept. of He	IMPORTANT: If item 28 is marked, or Item 23 show
R)	THE HOSPIT	TO THE FUNERA De filed within 7	IMPORTANT: 1

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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF OFATH Albert Junior Cruey 2147 DOVEMBER 4. SOCIAL SECURITY NUMBER 4 SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 229-34-2379 62 1 K M 2 | F June 4, 1931 Virginia Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH Elkton DIRECTOR Union Hospital of Cecil County Cecil RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Cecil E1kton 1 YES 2 1 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 596 Nottingham Road 21921 U.S.A. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) FORCES? 1 YES 2 NO
IF YES, GIVE WAR OR OATES
8-11-48 - 8-15-51 1 Never Married 2 Married Specify: White BY 1 YES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only high ntary/Secondary (0-12) College (1-4 or 5+) 12 Research & Development Production Foreman 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Warnie S. Cruey BE Ollie May 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Hazel C. Cruey 596 Nottingham Road - Elkton, MD 20s. METHOO OF DISPOSITION
1 172 Burlel 2 Cremation 3 Removal from State
4 Donation 8 Dither (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State 1 3-14 cometery, crematory or other place)
Gilpin Manor Memorial Park Elkton, Maryland 1993 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Funerals, P.A. 103 West Stockton Street Elkton, MD 21921-5521 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Approximate** ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** Myocardeal disease or condition resulting in death) Jujeralien DUE TO (OR AS A CONSEQUENCE OF): Altrevoscleratie Heart Disease CERTIFICATION Sequentially list conditions, OUE TO (QR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury Coronary arten DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not reaulting in the underlying ceuse given in Part I. 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 DOA **EXAMINER?** OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 28a. OATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c, INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29a, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the ition and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 23322 10 9 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 118 North Street, Suite 3-B heelmohan QAC Der

Elkton MD 21921

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- January

BALTIMORE, MARYLAND 21215-0020

1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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3, P.O. B	death certificate
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	requires that the
ALF	he law
VIT	IAN: T
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VISION	ATTENDING P
5	L OR
1	THE HOSPITA
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	1 - STATE REGISTRAR		STATE OF MA	RYLAND / DEP/ CERTI	ARTMENT OF I	DEATH AND	MENTAL HYG REG.		93	3642
	1. DECEDENT'S NAME (First, Middle, Last) Thomas Chockran THOMAS CHOCKRAN						2. DATE OF DEAT MONTH CL	*30, 19	93 3	7330
	198-28-6700						7. DATE OF BIRTH NOV • 19, 1936 8. BIRTHPLACE (State or Foreign Country) Pa.			
TOR	6701 Chris	tmas Be				or Location of D			reder	
DIRECTOR		10a. STATE 10b. COUNTY			CITY, TOWN OR LOCAL	lletown				I. INSIDE CITY LIMITS? YES 2 X NO
FUNERAL	100. STREET AND NUMBER 6701 Ch	ristmas	s Berry C	ct.	10	1. ZIP CODE 2176	59		S.A.	COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 N N 3 Wildowed 4 Divorce	larried	E. WAS DECEDENT E FORCES? 1 I	YES XX NO	If yes, sp		NIC ORIGIN? (Specifier, Puerto Riceri, etc.)		Black, W	American Indian, hite, etc.
PLETED	(Specify only I	(Specify only highest grade completed) (GA			r's usual occupation work done during me fuse retired.)	ost of working		uilding	STRY	
E COM	17. FATHER'S NAME (First, Michael J		cran		Ollebullue	18. MOTHER'S NA	AME (First, Middle, Ma Banne Kel	alden Sumame)		
TO B	190. INFORMANT'S NAME (Typ Jennie Alber	t Chock	cran		ong Address (Street Christma	and Number or Rural	Route Number, City o	r Town, Statu, Zip C		21769
	20b. PLACE AND DATE OF DISPOSITION DATE 1 Burial 2 X Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION Name of cappetery, capmetery or other place) 3 Danation 5 Other (Specify) 3 Smithsburg, Md.								State	
	Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769 21 Part Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate									
	shock, or heart fallers. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition a.									Interval Betwee Onset and Deat
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant	t conditiona c	ontributing to dec	eth but not resultin	g in the underlyin	g cause given in	PEI	S AN AUTOPSY REORMED? ES 2 NO	COL	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH?
SICIAN:	25. WAS CASE REFERRED TO EXAMINER? 1 XYES 2 NO	н	OSPITAL:	VOutpatient 3 □ DOA	OTHER:	LACE OF DEATH (C)	6 Other (Specify)		1	
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Per 2 Accident	ending vestigation	28a. DATE OF INJ (Month, Day, 1)	193	M 1	PURY AT DRIK? YES 2 1 NO	28d. DESCRIBE H	OW INJURY OCCU		
ETED	4 Homicide de	ould not be stermined	28e. PLACE OF IN building, etc.	Specify) RESIDE		LAGE	281. LOCATION (SI City or Town, S 4701 CH	treet and Numberfor State) P1/CC <157445	BEK	RY Ct.
COMPL	onei			knowledge, death occulination and/or investig						d menner as stated.
() b		NE CERTIFIER		.)		29c. LICENSE NU	MBER			nth, Day, Year)
TO BE C	30. NAME AND ADDRESS OF I	RK	oberta					10/	30/	93

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MINISTER OF ALL THOUGHT OF THE CONTROL OF THE CONTR	YSICIAN: The law requires that the death certificate be executed within rours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremetion, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ישונים יש	ificate be executed within prours after death. Page 6 may b	physician and completely filled in by the funeral director, page one prior to burial, cremation, or removal.	her traumatic event, the medical examiner must be
SIGN OF VIEW INCOMES, 1.0.	TENDING PHYSICIAN: The law requires that the death certi	TUR: After this certificate has been signed by the attending physician and completely filled in by the farmer death with the State Dept. or Health and Mental Hygiene prior to burlal, cremation, or removal.	28 is marked, or item 23 shows any injury, or oti
1	HE HOSPITAL OR A	HE FUNERAL DIRE	PORTANT: If item

TO BE COMPLETED

29a. CERTIFIER (Check only one)

29b. SIGNATURE AND TITLE OF CERTIFIER William

Dr William O 31. DATE FILED (Month, Day, Year) NOV 05

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)

			The same		*				
	1 - FOR STATE REGISTRAR	STATE OF MARY		TMENT OF H			GIENE a. NO.	93	3642
	1. DECEDENT'S NAME (First, Middle, Lest)		OLITTI	TOATE OF	DEATH	2. DATE OF DEA		3.7	IME OF DEATH
	Vincinio	Anno	Go.			MONTH	DAY	YEAR	5:30 A M
	Virginia 4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. leat birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIR		B. BIRTHPLAC	E (State or Foreign
	560 20 2070	1 🗆 M 2 🖵 F	VDC	MONTHS DAYS	HOURS MIN.	(Month, Day, Y	bar)	Country)	
	569-32-0070	and number)	78	ah CITY TOWN (R LOCATION OF		5, 1915	Nebr	
Œ						DEATH			
DIRECTOR	7208 Rainbow Lane	7		Freder	ick		F	rederi	ck
Ñ.	10a, STATE 10b, COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION			10d.	INSIDE CITY
늅	Maryland Fred	derick		Frederic	.le			15	LIMITS? YES 2 NO
	10e. STREET AND NUMBER	IEI.II.K			ZIP CODE		10g. CITI	ZEN OF WHAT	
FUNERAL	7200 Bedel Y				01700			***	
Z	7208 Rainhow Lar	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DEC	21702 ENDENT OF HISP	ANIC ORIGIN? (Spec	ify Yea or No-	IISA 14. RACE A	merican Indian,
	1 Never Married 2 Married	FORCES? 1 YE		If yes, sp	2 P NO Spec	can, Puarto Rican, e	(c.)	Black, Whi	ite, etc.
BY	3 Widowed 4 Divorced				2 110 400	y.		Specify.	white
COMPLETED	15, DECEDENT'S EDUC/ (Specify only highest grade of		16a. DECEDENT'S	USUAL OCCUPATION	ON at of working	16b. KIND (OF BUSINESS/IND	USTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)	or or working				
4	12		Home	maker			Own		
Ö	17. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, I	Malden Surname)		
BE (Arthur Reed Alice Libe								
0	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)								
F	Alice Nemitsas 9503 Farmingdale Ave., Walkersville, MD 21793								
	20s. METHOD OF DISPOSITION 1 XBurial 2 Cremation 3 Remove	SITION (Name of cer	netery, cremetory o	2	Oc. LOCATION -	City or Town, S	itata		
	4 Donation 5 Other (Specify)	Memorial Gardens Frederick, MD							
	21. SIGNATURE OF FUNERAL SERVICE LICE		22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Homes, PA						
	Hanny &	. Sawa	gl			119, Fred	_		02
	23. PART-1. Enter the diseases, or co shock, or heart fallure. L	implications that con-	ed the death. Do	not enter the mo	de of dying, su	ich as cardiac or	respiratory arr	rest,	Approximate Interval Between
	IMMEDIATE CAUSE (Finel	in only the cause of	each mie.					- 1	Onset and Death
	disease or condition resulting in death)	Deha	Dration						5 DOX
		DUE TO (OR A	S A CONSEQUENCE O	F):	2		-	1-	
Z	6	Polyu	ria c	ne sin	THE	exign	レカラカ	POU	MEEK
E	Sequentially list conditions, If any, leeding to immediate	DUE TO DR AS	S A CONSEQUENCE O	F):				1	
2	cause. Enter UNDERLYING CAUSE (Disease or Injury			_					
片	that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE O	PF):					
CERTIFICATION	d.	•						-	
	PART II. Other significant conditions	contributing to death	but not resulting	In the underlyin	g cause given i	In Part I. 24a. y	AS AN AUTOPSY	24b. WER	RE AUTOPSY FINDINGS
MEDICAL	Chamil	045 Ce	Saute	mila	120051		ERFORMED?		ILABLE PRIOR TO IPLETION OF CAUSE
	di :00	1600 KM	2 120		-	7	YES 2000		DEATH?
Σ.	1 VES 2 NO								
AN	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Check only one)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	estructions 3 DOA	OTHER:	~		lika.		111111111111111
HX	27. MANNER OF DEATH	28a. DATE OF INJUR	TY 28b. TH	ME OF 28c. IN.	URY AT	e 6 ☐ Other (Speci 28d, DE\$CRIBE	HOW INJURY OC	CURED	
P	Natural 5 Pending	(Month, Day, Yea		JURY WO	YES 2 NO				
ВУ	2 Accident Investigation 3 Suicide 5 Could not be	28e. PLACE OF INJI	IRY — At home, ferm,			281, LOCATION	Street and Number	or Rural Route	Number
	4 Homicide 6 Could not be	building, etc. (S	pecify)			City or Town			

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

32. REGISTRAR'S SIGNATURE FUNDAMENTAL SUCKESTRAR'S SIGNATURE FUNDAMENTAL SUCKESTRAR'S SIGNATURE FUNDAMENTAL SUCKESTRATURE FUNDAMENTA SUCKESTRATURE FUNDAMENTA SUCKESTRATURE FUNDAMENTA SUCKESTRATURE FUNDAMENTA SUCKESTRATURE FUND

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.

1 - FOR STATE REGISTRAR

BALTIMORE, MARYLAND 21215-0020 nous after death. Page 6 may be retained by the hospital or attending physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	4. SOCIAL SECURITY NUM 579-01-791		5. SEX	6. AGE (In yrs	. lest birthday)	IF UNDER 1 1	EAR DAYS	IF UNDER 24 HRS.	7. DATE O	OF BIRTH		8. BIRTHPLACE	(State or F
									£ 8, 19		Marylar	na.	
ROL	Frederick	Memor		tal				or location of t	DEATH			ederic	k
DIRECTOR	100. STATE Maryland						LOCAT Ck	TION				L	NSIDE CIT
ERAL	10e. STREET AND NUMBE 5620 Old 1		al Pike		176		101	21702			10g. CITE	ZEN DF WHAT C	OUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Di		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			If v	os and	ENDENT OF HISPA ecity Cuban, Maxic XXNO Spec	an, Puerto Ri	(Specify Yea loan, atc.)	or No	14. RACE — Am Black, White Spownii	, atc.
PLETED	(Specify o	(Specify only highest grade completed) (Give kind					s USUAL OCCUPATION I work done during most of working use refired.) Maryl.					ool For	r the
E COMPL	17. FATHER'S NAME (First, Claude		er CLEMSO	N				18. MOTHER'S N			Surname)		
TO BE	100. INFORMANT'S NAME Naomi. Ann		k					and Number or Rurel					and 2
	Naomi Ann Riddick 328 West College Terrace, Frederick, Maryland 21 20s. METHOD OF DISPOSITION 20s. METHOD OF DISPOSITION 20s. Method of DISPOSITION - City or Town, State 1XPurisi 2 Cremetion 3 Removal from State Modifor tem Office Place Cemetery, November 5, 1993 Frederick, Maryland												
	21. SIGNATURE OF FUNER		CENSES /	мос)255	Kee	me an	y and Ba	sford	P.A.	Fune	ral Hor	ne v1
H	disease or condition resulting in death)	\rightarrow	. A	rute.	Res	prin	Gi	> Face	lun				Onset an
IFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	ediata YING Jury	c	OR AS A COM			Car Ora	Fare in	lensus	own (Elio	logy =	onset and
CAL CERTIFICATION	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in	ediata YING Jury ST	c. DUE TO	(DR AS A CON	NSEQUENCE O	F):				24a, WAS AN PERFORI	AUTOPSY	24b. WERE	AUTOPSY I
MEDICAL C	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ediata YING Jury ST	c. DUE TO	(DR AS A CON	NSEQUENCE O	F):			n Part I.	24a, WAS AN /	AUTOPSY MED?	24b. WERE AMILA COMPI OF DE	AUTOPSY I
MEDICAL C	Sequantially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignifications.	ediata YING jury ST cent condition	cDUE TO	(DR AS A CON	NSEQUENCE O	n the unde	ertying		n Part I.	24a. WAS AN / PERFORI 1 YES 2	AUTOPSY MED?	24b. WERE AMILA COMPI OF DE	AUTOPSY I ABLE PRIOR LETION OF ATH?
MEDICAL C	Sequantially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 100	ediata YING jury ST cent condition	c. DUE TO	(DR AS A CON	ot resulting	in the unde	erlying	g ceuse given ir	n Part I.	24a. WAS AN A PERFORI 1 YES 2	AUTOPSY MED?	24b. WERE AMILA COMPI OF DE	AUTOPSY I ABLE PRIOR LETION OF ATH?
PHYSICIAN: MEDICAL C	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LAPART II. Other algniffs. 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	ediata YING jury ST cent condition	d	death but not be the second of	ot resulting	OTHER:	28. PL g Home 8c. (NJi WO) 1 Y	g ceuse given in ACE OF DEATH (C) to 5 Residence TURY AT RK7 YES 2 NO	n Part I.	24a. WAS AN A PERFORI 1 YES 2	AUTOPSY MED?	24b. WERE AMILA COMPTO OF DE	AUTOPSY I ABLE PRIOR LETION OF ATH?
ED BY PHYSICIAN: MEDICAL C	Sequentially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	ediata YING jury ST Cent condition TO MEDICAL	HOSPITAL: 1 Inputent 2 28e. DATE Of (Month, L) 28e. PLACE O	death but not be the second of	ot resulting	OTHER:	28. PL g Home 8c. (NJi WO) 1 Y	g ceuse given in ACE OF DEATH (C) to 5 Residence TURY AT RK7 YES 2 NO	h Part I.	24e. WAS AN PERFORI 1 YES 2 (Specify) CRIBE NOW IN	AUTOPSY MED? NO	24b. WERE AMILA COMPTO OF DE	AUTOPSY I IBLE PRIOF LETION OF ATH? YES 2
MEDICAL C	Sequantially list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 4 Homicide 29e. CERTIFIER (Check only)	ediata YING ST Cent condition TO MEDICAL Pending investigation Could not be determined	HOSPITAL: 1 Inputent 2 28e. DATE Of (Month, L) 28e. PLACE O	death but not be the second of	ot resulting ot 3 DOA 28b. TiM IN. thoms, ferm,	OTHER: 4 Nursin	28. PL g Home Bc. INJi WO 7, office	g ceuse given in ACE OF DEATH (C) to 5 Residence URY AT RK? YES 2 NO e	heck only one 6 Other 28d. DESC 28f. LOCA	24a. WAS AN / PERFORI 1 YES 2 (Specify) CRIBE NOW IN TIDN (Street a: r Town, State)	AUTOPSY MED? NO NO NO NO NO NO NO NO NO N	24b. WERE AMBLE COMPTI OF DE 1 OF Rural Route No.	AUTOPSY I IBLE PRIOR LETION OF ATH? YES 2

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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THE HIGH THE OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Surs after death. Page 6 may be retained by the hospital or attending physician.	RECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlal-transit permit. Pages 1, 2, 3 should with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	im 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYS	TO THE PUMERAL DIRECTOR: After this to The Think To hours after death with	IMPORTANT: If item 28 is marked, o	

	1 - STATE REGISTRAR	STATE OF MARYL				EALTH AND	MENTA	L HYGIEN	E 9	3 3	36427
	1. DECEDENT'S NAME (First, Middle, Last)	OLLIE THOM	AS C	Am PE	PEL	∠, JR.	MON1	OF DEATH	N 28,192	FAR	ME OF DEATH 7 53 AM
	4. SOCIAL SECURITY NUMBER 214-36-5037	1 K M 2 F 54 YRS. MONTHS DAYS HOURS MIN.					AUG	ATE OF BIRTH Month, Day, Year) JGUST 1,1939 a. BIRTHPLACE (State or Foreign Country) MARYLAND			
TOR	9a. FACILITY NAME (If not institution, give st PENINSULA REGION RESIDENCE OF DECEMENT		ENTER			BURY	DEATH		WI	COMICO)
DIRECTOR	MARYLAND WICOM			TY, TOWN		TION					INSIDE CITY LIMITS? YES 2 NO
FUNERAL	412 E. VINE STREE	ET			101	21801		USA	N OF WHAT C	OUNTRY?	
BY FUI	11. MARITAL STATUS 1 Never Married 2X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 _ YES IF YES, GIVE WAR OR D		13.	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 XNO Speci	an, Puerto	N? (Specify Ye Rican, etc.)	e or No- 14	Black, White	nerican Indian, ie, etc. HITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Me. Do NOT	work done use retired.)	during mo	ist of working			SINESS/INDUS		
ЭМС	17. FATHER'S NAME (First, Middle, Last)		RECEIVI	LNG L	EPAR	18. MOTNER'S N			ROCESS	ING	
BE C	OLLIE THOMAS CAMP	BELL, SR.						A DRYD			
TO B	19a. INFORMANT'S NAME (Type/Print)					and Number or Rural					
	KATHLEEN MAE CAMP 20a. METHOD OF DISPOSITION	201	. PLACE AND DATE			STREET,	SALI		MD 2	1801	ata
	1 Burial 2 Cremation 3 Remo	oval from State	KINGHIL	L'ME	MORY	GARDENS	12	/2 HEB	RON, M	D	
	21. SIGNATURE OF FUNERAL SERVICE UCENSTE 22. NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME, P. O. BO OLD OCEAN CITY ROAD, SALISBUR							X 317	1 21902		
ATION	23. PARTI. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, abook, or heart eliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										Approximate interval Between Onset and Death < 240
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	4 4 4	TII. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pa						Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b			AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ноебиты				ACE OF DEATH (C	heck only o	ne)			
IVSI	1 DYES 2 NO	HOSPITAL:			raing Nom	e 5 🗆 Residence	_				
L PH	1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TI	ME OF JURY M		PRK?	28d. DE	SCRIBE HOW	INJURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not ba detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)										
COMPLETED	1	CIAN: To the best of my know									manner as stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	11. 11	40			29c. LICENSE NU	IMBER	-	29d. DATE S	IGNED (Monti	h, Day, Year)
TO 8	30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Typ	e, Print)		199	16-		11,	128	193
	3-151 State	DIVA L	elne	11	M	d. 2	187	3			
	DEC 2 '93	Julia Davidson	- Pandall								

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	THE HORPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within exhous after death. Page 6 may be retained by the hos	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detactive	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ence.
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	#	1	2	=

31. DATE FILED (Month, Day, Year)
NOV 3 0 1993

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DANG C. BUI, MD 400 UNIVERSITY

32. REGISTRAR'S SIGNATURE the Daydon Mandale

1. DECEDENT'S NAME (First, Middle, Leat)		CEN	RTIFICAT	E OF	DLAI		2 DATE	REG. NO). 		3. TIME OF DEATH
HUNG TRIEU	DU						Nove	mber	27,199	YEAR 3	10:00 A
4. SOCIAL SECURITY NUMBER 586-44-1027	5. SEX 1 X M 2 F	B. AGE (In yrs. last bi	YRS. F UND	DAYS	HOURE	24 HRS. MIN.	(Mont)	of BIRTH h, Day, Year)	,1907	Country)	
9a. FACILITY NAME (If not institution, give	street and number)		9b. Cr	TY, TOWN C	OR LOCATIO	ON OF DI			9c. COUNT		
9304 Piney Brand	ch Road #	206	Si	lver	Spri	ng			Mont	gome	ry
Maryland Mont	gomery		Silve:						-		IOd. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	1 0 1 11	207		_	ZIP CODE						IAT COUNTRY?
9304 Piney Branc 11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT	EVER IN U.S. ARME	D 1:	If yes, sp	ecify Cuba	F HISPAI	an, Puerto	t? (Specify Ye			Sident - American Indian, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAI	R OR DATES		1 TYES	2 NO	Specif	ly:		V	Specify.	amese
15. DECEDENT'S EDU (Specify only highest grad)	JCATION a complete d	16a, DECE	DENT'S USUAL	OCCUPATION	ON		166	. KIND OF SI	JSINESS/INDUS		anic 5 c
(Specify only highest gradi Elementary/Secondary (0-12) 12	College (1-4 or 5+)	Me. Do	kind of work don NOT use retired untant	during mo	st of workin	ng	Δ	ccoun	tino		
17. FATHER'S NAME (First, Middle, Last)		11000	an cant		18. MOTH	HER'S NA		Middle, Maide		7,10	
Huy Du					T	am H	Iua				
19a. INFORMANT'S NAME (Type/Print)		19b. N	ALLING ADDRE	SS (Street a	nd Number	or Rural	Route Num	ber, City or To	wn, State, Zip C	(ode)	
Cuong Du-Thinh		37	13 May	Stre	et	Whe	eaton	, Mar	yland	2090	6
20g, METHOD OF DISPOSITION 1 Burial 2 Gremation 3 finan	noval from SERN	20b. PLACE AND			me of		DAT	E 20c. L	OCATION — CH	ty or Tow	n, Stata
4 Donation Other (Specify)	1	Gate o	f Heav	en Ce			1/30	/93	Silver	Spr	ing,MD
21. SIGNATURY OF FUNESIAL SERVICE LE	CENSELY /	11									
- 10 11 - FI	F 11	/		ines				eral i	Home		
1 Mulio	Kuala	4]	lines	-Rin	aldi	Fun	eral i		ver	Spring.MT
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23. PART I. Enter the diseasee, pr shock, in heart failure. IMMEDIATE CAUSE (Finel	List Dnly Dne ceus	e on each line.	h. Do not ent	lines 1800 er the mo	Rin New de of dy	aldi Han Ing, euc	Fun npshi	re Av	e Sil	ot,	Approximete Interval Between
shock, ar heart fallure.	complications that cliet only one ceue	e on each line.	h. Do not ent	lines 1800 er the mo	Rin New de of dy	aldi Han Ing, euc	Fun npshi	re Av	e Sil	ot,	Approximete Interval Betwee Onset end Dec
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BLUD. EAST, SILVER

Are HIGSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any after death. Page 6 may be retained by the hospital or attending physician.

THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended for use as the burial-transit permit. Pages 1, 2, 3 should be with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

MPORTANT: if Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG.	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF OEAT	H	4510	3. TIME OF DEATH	
	Lana MAR Dod.	son		1	DEVENUE	400	1997	08100 A	м
			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
	577 07 9683 1□M2ĂF	81 YRS.	ONTHE DAYS	HOURA MIN.	7/25/12))	No. re t	h Carolina	,
	9e. FACILITY NAME (If not institution, give street and number)		h CITY TOWN	OR LOCATION OF DE			INTY OF D		-
œ					SI H				
<u>ō</u>	Manor Care Nursing Home		Silve	r Spring		Mon	tgom	ery	_
2	10e, STATE 10b, COUNTY	10c, CITY.	TOWN OR LOC	ATION				10d. INSIDE CITY	\dashv
<u>E</u>	W 1 1 W 5						J	LIMITS?	
	Maryland Montgomery	511	ver Sp	ring lof, ZIP CODE				1 YES 2 X NO	\dashv
3A									
<u> </u>	2501 Musgrove Road			20904				States	
FUNERAL DIRECTOR	11. MARITAL STATUS 12. WAS DECEDENT & FORCES? 1			ECENDENT OF HISPAN specify Cuben, Mexican			14. RACE Black	E — Americen Indien, k, White, etc.	
ВУ	1 Never Merried 2 Merried IF YES, GIVE WAR	OR DATES		S 2 X NO Specify			Speci		
	THE REAL ON THE CONSTRUCT		1				Whi	te	_
H	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	18a. OECEDENT'S U: (Give kind of wo life. Do NOT use	SUAL OCCUPAT rk done during i	TION most of working	16b. KIND OI	BUSINESS/IN	DUSTRY		
ш	Elementary/Secondary (0-12) College (1-4 or 5 +)				1.				
MP	8	Homemak	er		0wn	Home			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAI	ME (First, Middle, Mi	iden Sumame)			
BE (Samuel Noah Beck			Sarah Ta	arye Hed	rick			
	19e. INFORMANT'S NAME (Type/Print)	19b. MAILING A	DDRESS (Stree	t and Number or Rural F	loute Number, City o	Town, State, Zi	ip Code)		
10	Betty Smith	9272-7	0 Cher	ry Lane I	Laurel,	Maryla	nd 2	0708	
	204, METHOD OF DISPOSITION	20b. PLACE OF DISPOSIT				LOCATION -			100
	1 🖾 Burtel 2 🗆 Cremetion 3 🗆 Removal from Stata 4 🗆 Donation 8 🗆 Other (Specify)	National M	emoria	1 Park	T.	alls (hurc	h, Virgini	ia
	21. SIGNATURE OF FUNERAL SERVICE LICENSES	Macronar II	22. NAME	ANO ADDRESS OF FAC	CHLITY			,	
	() ()	115	Dema	aine Funer	cal Home	s, Inc	•		
	-andelw. + center	ne, a.	Alex	xandria, V	/irginia	2231	4		
	23. PART I. Enter the diseases, or complications that complete the second fallows of the second seco		t antar tha n	noda of dying, suci	n aa cardiac or i	eapiratory a	rreat,	Approximata Interval Betwe	
	ahock, or haart fallura. List only one cause IMMEDIATE CAUSE (Final	on each line.						Onset and De	
		tory tailu	IC					musto	5
	reaulting in death) a. DUE TO (OF	AS A CONSEQUENCE OF	, 1						,
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<u>o</u>	Sequentially list conditions, If any, leading to immediate	AS A CONSEQUENCE OF)				/			
¥.	cause. Entar UNDERLYING							ļ	
H	CAUSE (Disease or Injury that Initiated events out TO (OF	AS A CONSEQUENCE OF)							
E	resulting in death) LAST								
CERTIFICATION									
4	PART II. Other algnificant conditions contributing to de	ath but not resulting in	the underly	ing cause given in		S AN AUTOPSY RFORMED?	246	MAILABLE PRIOR TO	IGS
3						ES 2 NO		COMPLETION OF CAUSE OF DEATH?	E
								1 YES 2 NO	
2					_				
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL		26.	PLACE OF DEATH (Ch	eck only one)				
2	EXAMINER? 1 YES 2 NO 1 Inputient 2 E		OTHER:	ome 5 - Reeldence	a 🗆 Other (Sec.)				
¥	27. MANNER OF DEATH 28s. DATE OF IN.			NJURY AT	28d. OESCRIBE I		CCURED		
	1 Netural 5 Pending (Month, Day,	Year) INJU	RY	WORK? YES 2 NO	- 2/2				
ΒY	2 Accident Investigation	N HIERY At home from at			201 LOCATION (S	tenat and Musels	ne ne Promi	Dougla Mumber	_
	3 Suicide 8 Could not be building, etc	NJURY — At home, farm, at :. (Specify)	reet, tectory, or	nica	281. LOCATION (S City or Town,	State)	Br Or MUTAI	House Number,	
ETE	4 Normande determined								
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my	knowledge, death occurred	s at the time, d	ate and place, end dua	to the cause(e) an	d manner ee st	ated.		
N	one) 2 MEDICAL EXAMINER: On the beele of exam	nination end/or investigation	, in my opinior	, death occured at the	time, date end pla	ce, and due to	the ceuse(s) end menner ea stated	d.
	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d. DA	TE SIGNE	D (Month, Day, Year)	_
H	Genry y May 10	0		B T	4326	5 1/	burns	her 00/99	5
5	30. NAME AND ADDRESS OF PERSON/WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type.	Print)	20				///	_
	14333 Laurel-Bowie R	d Laurel		20708	Sule	307			
			111 100		Juin.	, - ,			_
	DEC 0 3 1993 gula David	S SIGNATURE CARR							

DEC 0 3 1993

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physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permi	
or attending	use as the	
at the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	detached for	
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ertificate b	ing physici	raiene prior
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

if. Pages 1, 2, 3 should THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within. Surs after death. Page 6 may be retained by the horacle the HUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

POHTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG NO

	Delta A.		chlog						2. DATE OF D	24-9		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 169-01-6945D	5. SEX	6. AGE (In yrs. Tas	l birthday) YRS.	IF UNDER	1 YEAR DAYS	HOURS	MIN.	7. DATE OF B	111,1899	PEN	NSYLVANIA
	9e. FACILITY NAME (If not institution, give s				9b. CITY	, TOWN (OR LOCATI	ON OF DE	ATH	9c. CO	UNTY OF E	DEATH
NO.	Wilson Health	Care	Cente	r	Can	ithe	2011	burg		mi	nto	omeny
5	RESIDENCE OF DECEDENT						111			1770		يسف بدالاستان ا
DIRECTOR	100. STATE 10b. COUNT PENNSYLVANIA	BEAVER			CAVER	OR LOCAT	ION					10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2830 DUTCH RIDGE	ROAD					5009		1746			TATES
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced		IT EVER IN U.S. AR YES 2 K			If yes, sp	ecity Cubi		n, Puarto Rican	ecify Yea or No—	14. RAC Blac Spec	E — American Indian, k, White, etc. #/y: WHITE
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)			S USUAL O			na	16b. KINI	OF BUSINESS/II	DUSTRY	WIII 113
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT u	ise retired.)	aumy mo	of or world		Н	OME		
NO.	17. FATHER'B NAME (First, Middle, Last)	Q.	- HI	MEMA	K ER		18. MOT	HER'S NA	ME (First Middle	, Meiden Surneme)		
	BERT *	R	OADMAN					IZAF		(UNKNO	WAT)	
BE	19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS	S (Street a			27-00	ity or Town, State, a		
2	D. JAUNITA KING				Œ AS					., 0. 10111, 01010, 1	.,,,,	
	20a. METHOD OF DISPOSITION		20b. PLACE	ANDDATE	OF DISPOS	ITION /N/	me of		DATE	20c. LOCATION -	- City or To	own, State
	1 🖾 Buriel 2 🗆 Cremetion 3 🎘 Rem 4 🗆 Donation 8 🗆 Other (Specify)	ovel from State	_ West N	ore I	and	Coun	ty M	iem.	11/30	GREEN	SBURG	PA.
	21. SIGNATURE OF FUNERAL SERVICE LIN							SE JOF FA				,
	> muril 1	V. Ba	ther		M	URIE	L H.	BAR	BER FU	NERAL H	OME	20882 MD.
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	(OR AS A CONSEC	OUENCE D)F):)F):			6.20	260			
E	resulting in daeth) LAST	d										
MEDICAL	PART II. Other algolificent condition	ns contributing to	deeth but not r	- VCL	in the ur	o U	g cause	given in		WAS AN AUTOPS PERFORMED? YES 2 NO	241	D. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL											
2	EXAMINER?	HOSPITAL:		-	OTHE	1 :	-11-03		eck only one)			
14S	1 YES 2 NO	1 L Inpetient 2 L	ER/Outpatient 3	28b. TIR		28c. INJ		esidence	6 Other (Spi			
	1 Natural 5 Pending	(Month, E		IN	JURY M	WC	PRK7	□ NO	280. DESCRIE	BE HOW INJURY O	CCUMED	
ED BY	2 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number, During Team Chain).							Route Number,				
COMPLETE	onel	ICIAN: To the best of s										s) and manner as stated.
- 1	29b. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LIC	ENSE NUI	4BER	29d. D/	TE SIONEI	(Month, Day, Year)
BE	all	30	Q.	-	ass	0	7	200	374	7	NOON	1.74-93
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAU			e, Print)		6 -			\ (>=	-	ma.
	31. DATE FILED (Month, Day, Year)	32 BEGISTE	AR'S SIGNATURE	3 4		0	1200	200	N 4	100	(3)	echoodo
	NOV 9 0 1003	Fula Davids	- Handel	2								

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-	REGISTRAR		CERTIFIC	AIE OF	DEATH	REG. NO).	
ď	1. DECEDENT'S HAME (First, Middle, La	"Giovanr	Giovann	i O. Dib	oiasi	2. DATE OF DEATH MONTH	.1 03	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER 218-13-2212		(In yrs. last birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Sept. Day 3 (1997)	0.	BIRTHPLACE (State or Fo
OR	90. FACILITY NAME (If not inetitution, git Washington Adve	ntist Hospita			LOCATION OF DE	ATH	9c. COUNTY Montg	of OEATH comery
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU MD Prin			TOWN OR LOCATION	ON			10d, INSIDE CITY LIMITS? 1 YES 2
FUNERAL	9302 Adelphi Ro	ad		101.	20783			of WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 X NO	If yes, spec		C ORIGIN? (Specify Ye, Puerto Rican, atc.)	s or No— 14.	RACE — American India Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1 2		16a. DECEDENT'S US (Give kind of work life. Do NOT use in Chef	k done during most		Restau		TRY
E COM	17. FATHER'S NAME (First, Middle, Last) Unobtainable					IE (First, Middle, Melder ina Dibias		
TO B	190. HFORMANT'S NAME (Type/Print) Rose Dibiasi					oute Number, City or Tow elphi, Man		20783
100	20e. METHOD OF DISPOSITION 1	emoval from State	b. PLACE AND DATE OF I	DISPOSITION (Name	11/26/9 story	Bre	entwood	or Town, State
	21. SIGNATURE OF JUNERAL SERVICE	d-Hele	land	Hines-		Funeral H		r Spring M
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	- Hogin	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	my f	ailun defi w Ino	enuy on	gnelre	Onset and
MEDICAL	PART II. Other algnificant condit	iona contributing to death	but not reaulting in (tha underlying	cause given in		RMED?	24b. WERE AUTOPSY FI MAILABLE PRIOR COMPLETION OF (OF DEATH? 1 YES 2 1
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	MOSPITAL:		THER:	CE OF DEATH (Che			
ВУ РНУ	27. MAHHER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b, TIME C	OF 28c. INJU WOR	RY AT	28d, DESCRIBE HOW	INJURY OCCUR	ED
TED	3 Suicide 6 Could not 4 Homicide determined	building, etc. (So	IY — At home, farm, streecify)	et, factory, office		261. LOCATION (Street City or Town, State	end Number or I	Bural Route Number,
COMPLE		YSICIAN: To the best of my kno						ouse(e) and manner ee s
O BE C	29b. SIGNATURE AND TITLE OF CERTIF	· Hon	MD		29c. LICENSE HUM D3	BER 3482	29d. DATE SI	GHEO (Month, Day War)
	30. HAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF C	PEATH (ITEM 27) (Type, Pr		B Han	over P1	cy a	runbelt r
	NOV 3 0 1993	Filia Davidson	matthe mandall			9	1	7

STATE REGISTRAR

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NE FUNERAL C INC within 72 h PONTANT: If II

10a. STATE

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10e. STREET AND NUMBER

11. MARITAL STATUS

36432 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH Nov. 30, 04 1993 4:35 P. Sarah Hartman Derr 7. DATE OF BIRTH (Month, Day, Year)
Aug. 4, 1901 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🗌 M 2 🖳 F 219-46-0865 Md. 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Meredian Nursing Home Frederick Frederick 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Frederick Frederick 1 X YES 2 | NO 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? U.S.A. 30 W. Main St. 21769 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2X 1 Never Married 2 Married Specif White 3 🔀 Widowed 4 🗌 Divorced 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) housewife own home 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Lula Snyder Rev. Wilmer A. Hartman 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
100 Tindon Bland Middletown, Md. 21769 19a. INFORMANT'S NAME (Type/Print) 106 Linden Blvd., Middletown, Md. Anna Hoffman 20a. METHOD OF DISPOSITION

1 M Burlal 2 Gremation 3 Great Archive Green State Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State Lutheran Cemetery 12/2 Middletown, Md. 22. NAME AND ADDRESS OF FACILITY Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md. 21769 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximate shock, or heert feliure. List only one cause on each line. interval Between eath

iMMEDIATE CAUSE (Final disease or condition resulting in death)	- Previous		Onset and Death
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OH AB A CONSEQUENCE OF):		8gx
PART II. Other significant condi	tions contributing to deeth but not resulting in the underlying cause given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 — YES 2 ANO	24b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check only one)							
1 YES 2	NO	HOSPITAL: 1 Inputient 2 ER/Outputient :	DOA 4X N	6 Other (Specify)					
2 Accident In	FH Pending Investigation	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
		28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	actory, office	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. MEDICAL EXAMINER: On the basis of examination and or inve death occured at the time, data and place, and dus to the cause(a) and manner as stated.

29d. DATE SIGNED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

wha lavidson-Randell

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E	19	responsent. It than 90 is marked or them 23 shows any inters or other trainmatic event the medical evaminar must be notified at once
H	TOTHE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1,	A	1

ITEMS: 1. & 4. PER INFORMANT FILM G-707 1/12/94 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 1993 CCRRINE 2:00 A M DERR NOV. 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday, IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year DEC. 9, DAYS HOURS 218-40-7306 7036 MARYLAND 1 🗌 M 2 💢 F 49 1943 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 4227 NORTH FRINGER ROAD TANEYTOWN CARROLL RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY 10d. INSIDE CITY MARYLAND CARROLL TANEYTOWN 1 TES ZYNO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4227 NORTH FRINGER ROAD 21787 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 X Married BY 3 Widowed 4 Divorced CAUCASTAN 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 5 yrs REGISTERED NURSE CLINICAL NURSING 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) THEODORE SCLLAWAY FLORENCE FOARD 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Route Number, City or Town, State, Zio Code) 2 WILLIAM E. DERR, JR 4227 NORTH FRINGER ROAD TANEYTOWN. MARYLAND 21787 20e. METHOD OF DISPOSITION
1 [XBurial 2 □ Cremetion 3 □ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE GRACE U.C.C. CEMETERY 4 Donation 5 Other (Specify) TANEYTOWN, MARYLAND 22. NAME AND ADDRESS OF FACILITY 136 EAST BALTIMORE STREET 21. SIGNATURE OF FUNERAL SERVICE LICEN udy SKILES FUNERAL HOME TANEYTOWN, MD 21787 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between **Onset and Death** IMMEDIATE CAUSE (Final disease or condition METASTATIC MELANOMA resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24a. WAS AN AUTOPSY PERFORMED? MEDICAL COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one HOSPITAL: OTHER: 1 YES 2 NO ent 2 - ER/Outpatient 3 - DOA ng Home 6 Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 6 Pending 84 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide ETED 6 Could not be determined 4 🔲 Homicide 29a. CERTIFIER

Thank only

1 💢 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL tion and/or investigation, in my opinion, death occured at the time, data and piace, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER Manuit 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Macy BE 13/76/ NOV. 29, 1993 2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

501

32. REGISTRAR'S SIGNATURE Julia Savidson

WEST SEVENTH STREET

FREDERICK, MARYLAND

BRIAN M. O'CONNER, MD

31. DATE FILED (Month, Day, Year)

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MARYLAND 21215-0020	Once & may be estadood by the housing or other form of sections
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PORTANT II

MEDICAL

PHYSICIAN:

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CAUSE (Disease or Injury that initiated events resulting in death) LAST

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DIVISION OF VITAL RECORDS, P.O. BOX 86/80,	OPERAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within mours after death	NEAL DIRECTOR Are this sertificate has been signed by the attending physician and completely filled in by the fune.	ATE II tem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exam
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93 36434 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 11-13-93 3, TIME OF DEATN 1. DECEDENT'S NAME (First, Middle, Last) BLANCHE ELIZABETH DAWSON 2. DATE OF DEATN Dawson Blanche 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTN (Month, Day, Year) 10/7/1895 IF UNDER 1 YEAR | IF UNDER 24 HR a. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 216-26-7331 98 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH WILSON HEALTH DIRECTOR MONTGOMER CAPE CENTE ITHEDSRURG 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Gaithersburg Montgomery 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Russell Avenue 20760 U.S.A. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2 Married Specify: White BY 3 🔯 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Homemaker 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Wilmore Armstrong Marian Sweeting BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 David C. Dawson 13810 John Cline Road Smithsburg, Maryland 21783 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Smithsburg Crematory 11/15 Smithsburg, Maryland 22. NAME AND ADDRESS OF FACILITY
ROBERT E. DAILEY & SON FUNERAL HOMES, P.A. 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 1201 NORTH MARKET ST. FREDERICK, MD 21701 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. interval Betwe IMMEDIATE CAUSE (Final Onset and Death disease or condition endrovance resulting in death) CERTIFICATION Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING

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PART II. Other algorificant condition	na contributing to death but no	t reaulting	in the u	nderlying cause given in	Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDH AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH (Che	eck only on	e)	
1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpatient	3 🗆 DOA	OTHE 4X Nu	R: rsing Nome 5 - Rasidence	5 🗆 Othe	r (Specify)	
27. MANNER OF DEATN	28a. DATE OF INJURY	28b. TIA	AE OF	28c. INJURY AT	25d. DES	CRIBE NOW INJURY OCCU	IRED

1 Natural 2 Accident 5 Pending 1 YES 2 NO 25s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

4 Homicide 29a. CERTIFIER CERTIFYING PH

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	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER:	On the basis of axa	mination and/or invest	ligation, in my opinion, death occured at the time, data and	d place, and due to the cause(s) and manner as stated.
IGNATURE AND TITLE OF CERTIFIER	1	-1-1/R	29c, LICENSE NUMBER	29d. DATE SIGNED (Month Day, Wilt)

29h, SIGNATURE AND TITLE OF CERTIFIER	1-0R	19 Dec. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, 1887)
HUN) NELLEYTYII.	TAMES /40 mg	E 1000/16	11-14 1

TIBOR E. FOREK	LOMO 1921 MONTONATHY VILLY GEAVE	FIRJ
	32. REGISTRAP'S SIGNATURE. June Davidson-Randelle	,

MD

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281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

(A)

93 36435

Pages 1, 2, 3 should permit. use as the burial-transit hospital or attending physician. detached for Page 6 may be retained by the 2 funeral director, page 5 should notified 2 must examiner ours after death. and completely filled in by the o burial, cremation, or removal. medical event, executed within traumatic prior to attending physician 10 the atter Injury, signed by 1 Health and any 6 has by Dept. OR ATTENDING PHYSICIAN: The law 23 certificate the State o the marked. this DIRECTOR: After to hours after death item 28 is man HOSPITAL FUNERAL within 72 | TANT: If |

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH Elizabeth Bigler de MASI 1859 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign June 14,1913 219-36-7790 80 HOURS New York 1 M 2 X YRS Se. FACILITY NAME (If not institution, give street end number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Memorial Hospital DIRECTOR Frederick Frederick RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Frederick Maryland Woodsboro 1 YES XX NO FUNERAL 10e. STREET AND NUMBER log. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 10724 Etzler Mill Road 21798 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indian, Black, White, stc. 1 Never Married XX Merried If yes, specify Cuben, Mexican, Puerto Rican, stc.)

1 YES XXNO Specify: IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 166. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Secretary Board of Education 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Meiden Surneme) Eugene Weldon Bigler Marion Ross BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10724 Etzler Mill Road, Woodsboro, Maryland 21798 Robert R. de Masi 20s METHOD OF DISPOSITION

We write 2 Greenston 3 Greenwal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Park Lawn Memorial Park November 16, 1993 Rockville, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Keeney and Basford P.A. Funeral Home Kichai MO0255 106 East Church St., Frederick, Md. 21701 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cerse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition resulting in daeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 1 TES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) 1 TES 2 NO 1 Ninpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) end menner ee stated. 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner ea stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 1) 44101 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30, NAME AND ADDRESS OF 31. DATE FILED (Month 32. ARGISTRAR'S SIGNATURE
Julia Davidson-Rando

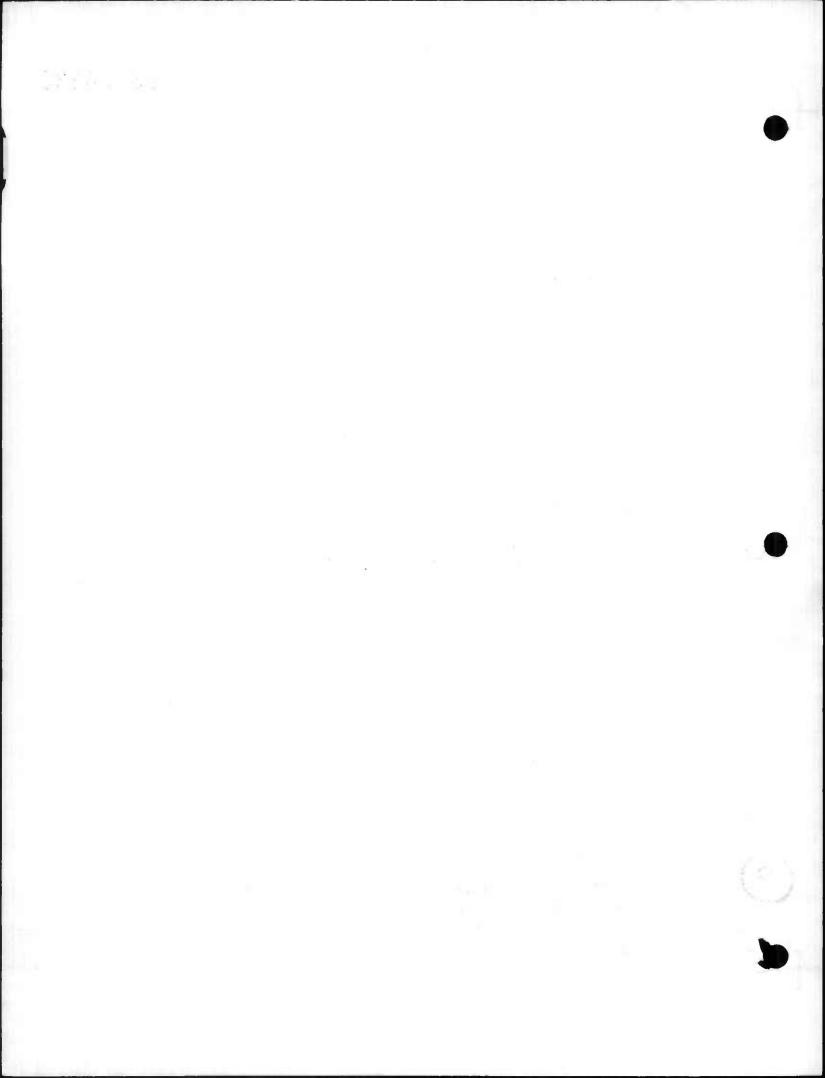
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BALTIMORE, MARYLAND 21215-0020

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	DRECTURE ATTREETING CONTINUES TO SEE SIGNED BY THE Attending physician and completely filled in by the funeral director, page 5 should be detach		
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	4. SOCIAL SECURITY NUI	MBER	5. SEX		in yrs. last birthday		1 YEAR	IF UNDER 24 HRS	7 DA1	E OF BIRTH			PLACE (State or Fore
	212-58-96	83	1 M 2 XF	11.	O YRS.	MONTHS	DAYS	HOURS MIN.	DAC	8, 19	152	Country	yland
	9a. FACILITY NAME (If not		ive street and number)		1	9b. CITY	, TOWN C	OR LOCATION OF	DEATH	0, 1)	9c. COUNT	_	/
AC.	Freder	Frederick Memorial Hospital Frederick Fr						Fr	rederick				
5	RESIDENCE OF DE												
DIRECTOR	Moses I and	10b. COU			10c. C	TY, TOWN C							10d, INSIDE CITY LIMITS?
	Maryland Frederick Jefferson 100. STREET AND NUMBER 4850 Pioneer Circle 21755						-			1 TES 2 X NO			
FUNERAL							10g. CITIZEN OF WHAT COUNTRY?						
N.	4850 Pioneer Circle 21755 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year					U.S.A.							
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ВУ	3 Wildowed 4 Di		IF YES, GIVE V	MAR OR DA	ATES		TES	2 X NO Spe	city:			Specif	White
	15. DI	ECEDENT'S E	EDUCATION		16a. DECEDENT	B USUAL O	CCUPATIO	ON	i	6b. KIND OF BUS	INESS/INDU	STRY	***************************************
Ē	Elementary/Secondary		College (1-4 or 5	+)	(Give kind o	work done	during mo	st of working					
MPI	12				Wai	tress	3			Resta	auran	t	
COMPLETED	17. FATHER'S NAME (First,							18. MOTHER'S	NAME (Firs	t, Middle, Maiden	Surname)		
BE			Thomas PHI	ELPS				Nanc	y Anı	n FIETZ			- 1954
10	19a. INFORMANT'S NAME							and Number or Run					
	Mr. Harry T		lps		4850	Pione	er (Circle,	Jef:	ferson,	Md.	2175	55
	20a. METHOD OF DISPOS 1 1 Burlel 2 Creman	tion 3 🗆 R	lemoval from State	20b.	PLACE AND DATE	OF DISPOS	ITION (Na	me of	DA	TE 20c. LOC	CATION — CH	ty or Tov	vn, Stata
	4 Donation 5 Oth			_ Mo	ount Oli	vet (Ceme:	tery, No	v.10	,1993 F	reder:	ick,	Marylar
4	21. SIGNATURE OF FUNES	TAL SERVICE	01 400			1V		y & Bas		D A T	unoro	1 Ц	ma
	DU	an 7	A Rub	4-	M0070				TOLU	L.A. I	unera.	T 110	III C
- 1	immediate cause (F	heart failui	or compilcations this re. Liet only one one	Ceueed use Dn ee	I the death. Do	1.1.0	the mo	ast Chu de of dying, an	rch S	St. Fre	ederic	ck. et,	Approximet interval Bet
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- (1. DECEDENT'S NAME (First, Middle, Last)	chard Fa	v	Dool	an		- 01	DEA		2. DATE OF	D/		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216—111—7523 5. SEX 6. AGE (In yrs. lest by the second se					IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	NOV.		8. BIRTHPLACE (State or Fore)		10:45 P. M
9						MONTHS	DAYS	HOURS	MIN.	June	Day, Year)	906	Country	lass.
						9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE		79 ±.		NTY OF D	
DIRECTOR		10317 Sunset Dr. SIDENCE OF DECEDENT STATE 10b. COUNTY					Damascus					Montgomery		
띭							OR LOCA	ATION			-		T	10d. INSIDE CITY
		ntgomery				Dam	ascus	3			LIMITS? 1 YES 2 KNO			
FUNERAL	10s. STREET AND NUMBER	1 10				110	H. ZIP CODE	_					HAT COUNTRY?	
JNE	10317 Sunse	12. WAS DECEDEN	NIIS ARM	4ED	12	WAS DE		872	HC ORIGIN?	Daniel Was			States	
B¥	1 Never Married 2 Merried 3 Widowed 4 Divorced		2 NO			If yes, s	pecify Cube S 2 ANO	n, Mexica	n, Puerto Ric	en, etc.)	or No		- American Indian, , White, atc.	
H	15. DECEDENT'S EDU (Specify only highest grade			(G/v	EDENT'S	vork done	during m	ION lost of workin	g	16b. K	IND OF BUS	SINESS/IND	DUSTRY	
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5 +)		nist	,		Offic	er	Ţ	J. S.	Gove	ernme	ent
8	17. FATHER'S NAME (First, Middle, Last)							18. MOTE		ME (First, Mid		Surname)		
BE (C. Frank	Doolan				<u></u>				ora Fa				
2	19a. INFORMANT'S NAME (Type/Print) Winifred B. Dool	Lan		19b.						Route Number, AMASCU				
	20e METHOD OF DISPOSITION 1 A Burtel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	12.67	20b cen	Dama	ND DATE O	of Dispos ther place) Me	thod	lame of	1/0	9/93			City or Too	
	21. SIGNATURE OF FUNERAL SERVICE LICE	Moleowa	Th	,		(Olin		lole;	sworth	ı, P.	A.		20872
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A	CONSEQUENCE OF CONSEQ	UENCE OF	7):	2 2	h	(AZ)	tuse	2			Tylana
	PART II. Other algnificant condition	s contributing to	death b	out not re	sulting i	n the u	nderlylr	o cause o	iven in	Part I. 24	la. WAS AN	ALITOPSV	24h	WERE AUTOPSY FINDINGS
N: MEDICAL											PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	33.			OTHE	R:	-		eck only one)				
HAS	27. MANNER OF DEATH	1 Inpatient 2 I	INJURY	Settlent 3	28b. TIMI		28c. IN.	JURY AT DRK?	sidence	6 Other (S		JURY OC	CURED	
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF	C?	- At hom	0	М	1 🗌	YES 2	NO NO	28f. LOCATI	ON /Street o	and Alumbas	or Privat D	nute Number
ETED	4 Homicide determined	bullding,	rtc. (Spec	elfy)							Town, State)		0.710.71	
COMPL		CIAN: To the best of a												end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CENTIFIE	1	1	Λ				29c. LICE	NSE NUM	IBER				(Month, Day, Year)
0	SO NAME AND ADDRESS OF PERSON WHO	- COMBIETE STEE	ASA	ATH ST	27.77	0.4		1001	18	43		► No	v. 8	, 1993
	James P. Keri	, M.D.	2	26618	Ric	lge I	Rd.,	Dama	scus	s, Md.	208	72		
	NOV 12 199	32. REGISTRAI	David	SON-A	andel	2								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DR. CHARLES

31. DATE FILED (MONTH, Day, NOV 3

WU/1600

THE HONDRIAN, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within the sertificate has been signed by the attending physician and ownshorts, or removal. IMPORTANT II ham 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DAVID F	2												
4. SOCIAL SECURITY NUMBER				DC	NZE			1	TMONTH 25th	, ;	93 YEAR	2:26 PM	
488-48-9610		SEX M 2 D F	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24	MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-06-1946	5	Count	NPLACE (State or Foreign try) SOUL1	
Se. FACILITY NAME (If not insti	tution, give street	and number)			9b. CITY	TOWN C	R LOCATION				UNTY OF E		
NORTH ARUNDE		TAL AS	SOCIAT	ION	GL	EN E	URNIE	3		A	A.A.	COUNTY	
10a. STATE	Ob. COUNTY			10c. CIT	Y, TOWH C	R LOCAT	ION			10d. INSIDE CITY LIMITS?			
Maryland	Anne	Arundel			Seve	rna	Park					1 YES MEN NO	
10e. STREET AND NUMBER						101	ZIP CODE			10g. Cl	TIZEN OF 1	WHAT COUNTRY?	
39 Emerson F	Road						2114	46		1	U.S.A	Α.	
11. MARITAL STATUS 1 Never Married 2 XM 3 Wildowed 4 Divorce	arried	WAS DECEDEN FORCES? 1 IF YES, GIVE V				f yes, sp		Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No-	Spec	E — American Indian, ik, White, etc. iffy: JCASIAN	
15. DECEL	ENT'S EDUCATI	ON pointed)	16a.	DECEDENT'S	USUAL O	CUPATIO	N of advantilos		16b. KIND OF BUS	INESS/IN		20002011	
Elementary/Secondary (0-1)	1	college (1-4 or 5	-)	(Give kind of life. Do NOT u	se retired.)	anny mo	n or working						
12+	¥			Retire	ed Ma	jor			U.S. A	Army	(Go	overnment)	
17. FATHER'S NAME (First, Mide						70	18. MOTNE		E (First, Middle, Maiden				
Wilbur J. Do									a E. Donze			eisler)	
19a. INFORMANT'S NAME (Typ	Print)							r Rural Ro	ute Number, City or Town	n, State, Z	Zip Code)		
Mrs. Suzanne				39 Er	merso	n Ro	pad S	Seve	rna Park,	MD	2114	46	
20a. METHOD OF DISPOSITIO 1 to Burlet 2 Cremation 4 Donation 5 Other (S		from State		CEAND DATE		ITION (Ne	me of		DATE 20c. LO	CATION -	- City or To	own, Stata	
4 1 Donation 5 Other (S			- Ar	lingto					12-1-1993	Ar1	ingto	on, VA	
21. SIGNATUSE OF FUNERAL	SERVICE LICENT	//					D ADDRESS		un ns Funera:	Ho	me		
a Ames	107	Los	Som	200					wy Severna			MD 21146	
disease of condition resulting in death)	rt failure. List	C CW	se on each	death. Do	as C	ths mo	de of dyin	- (Sa cardiac or respi	ratory a	erreat,	Approximata Interval Betwe Onset and De	
Sequentially list condition if any, leading to immediate		DUE TO	(OR AS A CON	SEQUENCE O	F):								
cause. Enter UNDERLYIN CAUSE (Disesse or Injury													
that initiated events resulting in death) LAST		DUE TO	(OR AS A CON	ISEQUENCE O	NF):								
resulting in death) CAST	d												
PART II. Other significant	conditions c	ontributing to	death but no	ot reaulting	In the un	derlyln	j cause gl	ven in P	ert I. 24a. WAS AN PERFOR 1 TYES 2	MED?	Y 24b	a. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSIOF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	Н	OSPITAL:			OTHER		ACE OF DEA	ATH (Checi	k only one)				
1 YES 2 NO	1	Inpetient 2			4 🗆 Nun	lng Nom			Other (Specify)				
1 Natural 5 P	nding restigation	28a. DATE OF (Month, D	ay, Year)		JURY M	1 🗆 1	RK? 'E\$ 2 _		28d. DESCRIBE HOW II	JURY O	CCURED		
3 Sulcide	ould not be termined	28e. PLACE C building,	F INJURY — A etc. (Specify)	t home, farm,	street, fact	ory, offic		2	281. LOCATION (Street a City or Town, State)	nd Numb	er or Rural	Route Number,	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CRAIN HIGHWAY SW/GLEN BURNIE, MD. 21061 12 REGISTRAR'S SIGNATURE DENGLESS

OHMH-16 Rev 1/89

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CE	ERTIF	ICATE OF	DEATH	MCMINE I	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH		3. TIME OF DEATH
	Charles .	Squires	De	ell	Sr.		Novemb	00 T 28	1993	7:50A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF	BIRTH	6. BIRTI	IPLACE (State or Foreign
	213-22-2371	1 1 2 2 1 F	90	YRS.	MONTHS DAYS	HOURS MIN.	Dec 3	1902	Mari	iyland
	9e. FACILITY NAME (If not institution, give st	reet and number)	The state of		9b. CITY, TOWN O	R LOCATION OF			COUNTY OF D	
OR	Ginger Cove Heal	th Care	Conton		Ann	apolis		Λ	nne Ar	undo P
5			0,000						rine no	unuer
DIRECTOR				10c. CIT	Y, TOWN OR LOCAT					10d. INSIDE CITY LIMITS?
	MD Anne	Arundel			Annapo					1 - YES 2 (X) (0
RA					101	. ZIP CODE		10g.	CITIZEN OF	WHAT COUNTRY?
FUNERAL	8107 River Cresc					2140				USA
	1 Never Married 2 X Xterried	12. WAS DECEDENT FORCES? 1	YES 2 X	MED XO	13. WAS DEC	ENDENT OF HISP ecify Cuben, Max	ANIC ORIGIN? (S can, Puerto Rica	pecify Yee or No n, etc.)	Blec	E — Americen Indian, k, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	•	1 TYES	2 X NO Spe	city:		Spec	White
0	15. DECEDENT'S EDUC	ATION	16a, DE	CEDENT'S	USUAL OCCUPATION	DN .	18h YB	ID OF BUSINESS	/IMPLICTBY	writte
ET	(Specify only highest grade Elementary/Secondary (0-12)	Completed) College (1-4 or 5 +	(GI	ive kind of a	work done during mo	st of working	1000	D O' BOOMES	MOOSINI	
릴	12	3		unor.	Operato	1		Roofi	ил	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			.,,,	V/C. avcor		AME (First, Middl			
BE (Thomas Dell					1	lorence	Hamps	an	
TO B	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS (Street e					
F	Hildegarde Wood	Dell	. 8	3107	River C	escent	Drive A	Annanol.	is. MI	21401
	20e. METHOD OF DISPOSITION 1 Burlal 2 (Verenation 3 Remo	val from State			and the second s					
	4 Donation 5 Other (Specify)	· 1	Ft L	inatory or o	n Cremai	tory 1	1/30/93	Bren	twood.	Maruland
- 1	21. SIGNATURE OF FUNERIAL SERVICE LICE	ofte //	/		22. NAME AN	D ADDRESS OF	FACILITY John	M. Tai	ulor F	Maryland uneral Home
1	Tuola S. J	tw			147 Du	ke of G	loucest	er St.	Annap	olis, MD
	23. PART I. Enter the disesses, or co	omplications that	caused the de	eth. Do r	ot enter the mo	de of dying, su	ich ss cerdiec	or respiretory	errest.	Approximats
	shock, or heart fellure. L IMMEDIATE CAUSE (Final	lat only one ceu	se on each line.					,	,	Interval Between Onset and Death
	disesse or condition	STA	2515							
	resulting in death)	DUE TO	OR AS A CONSEC	DUENCE OF	7):					1 wx
z		91	OR AS A CONSED	3						
2	Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSED	UENCE OF	7):					
S	CAUSE (Disease or injury									
E	that initiated events resulting in death) LAST	OUE TO	OR AS A CONSED	UENCE DI	7):					
CERTIFICATION	d									
١٢	PART II. Other significant conditions	contributing to	deeth but not re	esulting i	n the underlying	ceuse given i	n Pert I. 24e	. WAS AN AUTOF	SY 24b.	. WERE AUTOPSY FINDINGS
2 1								PERFORMEO?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
ž I							''	TES S WAG	'	OF DEATH?
MEDICAL									1	1 YES 2 NO
N: MEDIC									- 1	
IAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE DF DEATH (C	heck only one)			
SICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XX	HOSPITAL:	ER/Outpatient 3	□ DOA	COTTANTO.			ec/lv)		
HYSICIAN: MEDIC	EXAMINER?	1 Inpatient 2 I	INJURY	28b. TIM	OTHER: 4 Nursing Home	5 EXPesidence	8 Other (Sp	ecily) BE HOW INJURY	OCCURED	
PHYSICIAN: ME	EXAMINER? 1 YES 2 XXO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2	INJURY	28b. TIM	OTHER: 4 Nursing Home E OF 29c. INJURY WO	5 EXPesidence	8 Other (Sp		OCCURED	
BY PHYSICIAN: ME	EXAMINER? 1 VES 2 XXD 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	1 Inpatient 2 Inpa	INJURY y, Year) FINJURY — At hor	28b. TIMI INJ	OTHER: 4 Nursing Home E OF 29c. INJURY WO	5 Aresidence	8 Other (Sp 28d. DESCRIE	BE HOW INJURY		loute Number,
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BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 XXO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined 20e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER	28e. DATE OF (Month, Da 28e. PLACE OF building, (INJURY y, Year) FINJURY — At horoto, (Specify) my knowledge, dea	28b. TIM INJ me, ferm, s	OTHER: 4 Nursing Home E OF URY M 29c. INJ! WO 1 Y treet, factory, office	5 Kapeldence	28d. DESCRIE 28d. DESCRIE 28f. LOCATID City or To	N (Street and Nurry, State) end manner see place, and due (stated.) and manner ee stated, (Month, Day, Year)
COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 XXD 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND ADDRESS OF PERSON WHO	28e, DATE OF (Month, Da 28e, PLACE OF building, of the basis of ax.	INJURY y, Year) FINJURY — At horete. (Specify) my knowledge, dealemination end/or in	28b. TIMM INJ me, ferm, s atth occurre nvestigatio	OTHER: 4 Nursing Home E OF	and piece, and diseth occured at the 29c. LICENSE NI	28d. DESCRIE 28d. DESCRIE 28f. LOCATION City or To	N (Street and Nur wn, Stete) end manner ee place, and due l	stated. Io the cause(s OATE SIDNED) and manner ee stated. (Month, Day, Year) LT 29, 1993
BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 XXD 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND ADDRESS OF PERSON WHO	28e, DATE OF (Month, Da 28e, PLACE OF building, of the basis of ax.	INJURY y, Year) FINJURY — At horete. (Specify) my knowledge, dealemination end/or in	28b. TIMM INJ me, ferm, s atth occurre nvestigatio	OTHER: 4 Nursing Home E OF	and piece, and diseth occured at the 29c. LICENSE NI	28d. DESCRIE 28d. DESCRIE 28f. LOCATION City or To	N (Street and Nur wn, Stete) end manner ee place, and due l	stated. Io the cause(s OATE SIDNED) and manner ee stated. (Month, Day, Year) LT 29, 1993
BE COMPLETED BY PHYSICIAN: ME	EXAMINER? 1 YES 2 XXO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER A SALLAN On all	28e, DATE OF (Month, Da 28e, PLACE OF building, of the basis of ax.	INJURY y, Year) FINJURY — At horete. (Specify) my knowledge, dealemination end/or in	28b. TIMM INJ me, ferm, s atth occurre nvestigatio	OTHER: 4 Nursing Home E OF	and piece, and diseth occured at the 29c. LICENSE NI	28d. DESCRIE 28d. DESCRIE 28f. LOCATION City or To	N (Street and Nur wn, Stete) end manner ee place, and due l	stated. Io the cause(s OATE SIDNED) and manner ee stated. (Month, Day, Year) LT 29, 1993

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should like the like to burial hydrone prior to burial, the medical examiner must be notified at once.

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4	In Item 18. After this certificate has been signed by the attending physician and completely filled in by the companion or personal forms of the party and Membel Horizon policy to burds, companion or second	em 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
¥.	5	2
MATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	THE CONTROL AND COME HAS DEED SIGNED BY THE ATTENDING PHYSICIAN AND COMPILED WINDOWS (IN Dr. THE TUNION OF PROPERTY AND LINE OF HEADY AND LINE OF HEADY AND LINE OF HEADY AND LINE OF HEADY AND ADDRESS AND LINE OF HEADY AND ADDRESS AND	A

36440 93 1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	TIEGIOTTI-OT				OLITTI	IUAII		DEA	111	HEG. NO			
	1. DECEDENT'S NAME (First	t, Middle, Last)			100					2. DATE OF DEATH MONTH D	NA .	YEAR :	3. TIME OF DEATH
	CHARL ES		DALCIN							NOVEMBER 2	5,199	3	8:42 p.m.
	4. SOCIAL SECURITY NUM	BEA	5. SEX	6. AGE (In yra	. lest birthday)	IF UNDE			24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		6. BIRTHP	LACE (State or Foreign
	187-03-855	7	1 🔀 M 2 🗆 F	79	YAS.	MONTHS	DAYS	HOURS	MIN.	08-07-14			nsylvania
	Se. FACILITY NAME (If not in	nstitution, give	atreet and number)			9b. CITY	r, TOWN	OR LOCATI	ON OF D		Bc. COUNT		
15	THE JOHNS	HOPK:	INS HOSPI	TAL		BAL	TIMO	DRE C	YTT		RALT	IMOF	F
DIRECTOR	RESIDENCE OF DE	· -									D. 12.1	11101	\ L ₂
12	10e. STATE	10b. COUNT			10c, CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland	Howa	rd		E1	lico	tt C	ity				1	YES 2 NO
₹ ×	10e. STREET AND NUMBER						10	f. ZIP COD	E		10g. CITIZ	EN OF WH	IAT COUNTRY?
jij	3721 MacA1	pine R			1000			2104	2		Uni	ted	States
FUNERAL	11. MARITAL STATUS 1 Never Married 2		12. WAS DECEDEN FORCES? 1			13.	WAS DEC	CENDENT (OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACE -	- Americen Indian, White, etc.
BY	3 Widowed 4 Divi		WWII	WAR OR DATES				2 X NO				Specify. Whit	
E	15, DEC (Specify on	CEDENT'S EDI	UCATION le completed)	16a	. DECEDENT'S				na	16b, KIND OF BU	SINESS/INDU	STRY	
COMPLETED	Elementary/Secondary (College (1-4 or 8	+)	life. Do NOT u	se retired.)	during in	AL OF WORK					
N	17. FATHER'S NAME (First, A	Aiddle, Last)						16 MOT	HED'S NA	ME (First, Middle, Meiden	Cumamai	_	
E C	Pietro Dalo	cin								a Petrobon			
00	19e, INFORMANT'S NAME (19b. MAILING	ADDRES	S (Street e			Acret Number, City or Tow		Cordel	
5	Diana Morra									ve Ellicot			210/2
	20e. METHOD OF DISPOSIT	TION		20b. PLA	CEANDDATE				DLI		CATION - C		
	1 to Buriel 2 □ Cremation 4 □ Donation 5 □ Other		noval from State	cemetery	cremetory or o	ther place)			11	-30-93 Mar			
	21. SIGNATURE OF FUNERA	AL SERVICE LI	ICENSEE	10.	JO C L CW	22.		ND ADDRE	SS OF FA	CILITY			ie mb
	> Za		21 7	1/1/2	6					e Funeral			
	23. PART I. Enter the d	Hanna Ar	complications the	ong,	disab Da	4	112	Colu	mbia	Pike Elli	cott	City	MD 21043
	shock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in death)	eart failuie.	List only one cau	se on each	line.	,				neurzsun			Interval Between Onset and Death
NO	Sequentially list condit	tions.	Tun	13	1)100	214	100						Unknown
CERTIFICATION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disesse or Inju- that initiated events resulting in death) LAS	ING Ury	c. Hypero	OR AS A CON	S() ~	EL A.	1401	OSCI	laroh	ic Aschic	digec	4l	Unknown
	DART II Other significa	and non-dista	d	A call had						- I			1
EDICAL	PART il. Other significa		LACK	All and a second	or resulting	in the u	nderlyin	g cause	given in	Part I. 24a. WAS AN PERFOR		1	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
ă		Corias	100	171864	~					1 YES 2	NO		COMPLETION OF CAUSE OF DEATH?
Σ	/tc	2/ FIC	regues!	ret J	}							1	TYES 2 THE
Z				-									
SICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEOICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)			
IYS	1 YES 2 NO		1 Inpetient 2 2						esidence	6 Other (Specify)		-	
ву РНУ		Pending Investigation	(Month, C		28b. TIM	JURY M	WC	IURY AT ORK? YES 2 [] NO	28d. DEŞCRIBE HOW I	NJURY OCCL	JREO	
ED		Could not be determined	28e. PLACE C building,	etc. (Specify)	I home, farm,	street, fac	tory, offic	•		281. LOCATION (Street of City or Town, Stete)	and Number o	or Rural Ro	ute Number,
PLET		TIFYINO PHYS	BICIAN: To the best	my knowledge	, death occurr	ed at the	time, date	and place	, end due	to the cause(e) end mer	nner ee state	d.	
COMPL				xamination end	I/or Investigation	on, in my	opinion, d	feath occu	red at the	Ilme, date and place, an	d due to the	cause(e)	and menner as stated.
BE	296. SIGNATURE AND TITLE	E OF CENTRE!	ER	- V	M			29c. LIC	ENSE NUI	MBEA	29d. DATE	SIGNED (1	Month, Day, Year)
5	30. NAME AND AODRESS O	F PERSON W	HO COMPLETED CAU	SE OF DEATH	(ITEM 27) (Type	, Print)		4	1	11			
	('1)	571	V\ 0	T =1		11.	/		/	- / /			
		2101	4	100	115	1 tox	OK	45	1100	DIMI			
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	AR'S SIGNATUR	RE .	1100	OK	45	(100	BIRIL			

1 - STATE REGISTRAR	1 . STATE
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12

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO).		
	1. DECEDENT'S NAME (First, Middle, Last)	- 0		-		2. DATE OF DEATH		3. TIME OF D	EATN
	Kalvat A. N.	2 Odeno	Sr.			MONTH D	AY 62	YEAR 90	5
	4. SOCIAL SECURITY NUMBER	S. SEX B. AGE				12-1	-72	5-1	М
	4. 42		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		GOWNTY)	Foreign
	217-36 400	M 2 0 F 7	YRS.	- CANTA	noons mm.	3-2-	15	Clarked 1	10
	9a. FACILITY NAME (If not institution, give street	of and number)		96. CITY, TOWN O	OR LOCATION OF DE	ATN	9c COUNT	Y OF PEATN	
Œ	3813 (10 dents	0		111	1		/	1/	
16	RESIDENCE OF DECEDENT	ma		aver	keen		I /V	neparo	
DIRECTOR	10e. STATE 10b. COUNTY		40: 017	Y, TOWN OR LOCAT	-				
<u>=</u>	1000000		100. 011					10d, INSIDE (ITY
	MD H	arford		Abero	leen			1 _ YES 2	NO NO
4	100. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY	7
ec.	3813 Aldino Roa	hd			21001				
FUNERAL			No.					USA	
3	1 Never Merried 2 K Merried	2. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN ecity Cuben. Maxican	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	o or No- 14	I. RACE — American I Black, White, atc.	ndlen,
84	3 Widowed 4 Divorced	IF YES, GIVE WAR OR O		1 TYES	2 NO Specify.	:	- 1	0	
								White	
iii ii	15. DECEDENT'S EDUCAT (Specify only highest grade con	TION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b, KIND OF BU	SINESS/INDUS	TRY	
Li		College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	st of working				
14	6	oonege (1.4 or 5 +)		Farmer		Agricu	1141120		
2				rarmer					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAM	ME (First, Middle, Maiden	Surneme)		
BE.	Arthur John	${ t DuBree}$			L	illian Mitc	hell		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street o	nd Number or Rural R	loute Number, City or Tox	n State Zin Co	arda)	
2	Mrs. Oleta DuBree								
						erdeen, N		1001	
	20g. METHOD OF DISPOSITION 1-6 Buriel 2 Cremetion 3 Remove	al from State	PLACE AND DATE	OF DISPOSITION (Na	me of	OATE 20c. LO	CATION - CIT	y or Town, State	
	4 Donation 5 Other (Specify)	Cen	Rel Air	Memoria	l Garden	g12/6 B	el Air	MD	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	201 1111		ID ADDRESS OF FAC		CI MII	, MD	
	1 2 0	0		Mitch	ell-Smith	Funeral	Home	PA	
	William X	the 7		Havr	e de Gra	ce MD	21078	_3107	
	23. PART I. Enter the diseases, or con	nolications that caused	d the death Do						
	shock, or heart fallure. Lis	it only one cause on e	sch line.	IOC BIRCH CHE HIO	de or dying, such	ss cardiac or resp	ratory srres		Between
1 1	IMMEDIATE CAUSE (Final		0		2 4				nd Death
1 1	disease or condition	Millia	1 chois	ella!	ashier	asula	_		
	constitues in death)				of receive of	Mary Comment			
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE O	Pi:		1.			
	resulting in death) a	DUE TO (OR AS A	CONSEQUENCE O	n:	K	aguela			
NO					K	Disease			
TION	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE OF		K	Oisease			
CATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING				K	Oiseau			
IFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A		F):	K	Oiseasi			
RTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	OUE TO (OR AS A	CONSEQUENCE OF	F):	K	Oiserel			
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	CONSEQUENCE OF	F):	K	Oisene			
L CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF	F):				Table Wilder All Topics	
	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	OUE TO (OR AS A	A CONSEQUENCE OF	F):			AUTOPSY	24b. WERE AUTOPS AMAILABLE PRI	OR TO
DICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF	F):		Part I. 24a. WAS AN	AUTOPSY IMED?	AMILABLE PRI	OR TO
DICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF	F):		Part I. 24a, WAS AN	AUTOPSY IMED?	AVAILABLE PRI COMPLETION (OF DEATH?	F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A	A CONSEQUENCE OF	F):		Part I. 24a, WAS AN	AUTOPSY IMED?	AMILABLE PRI	F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediata csuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of	OUE TO (OR AS A	A CONSEQUENCE OF	F):		Part I. 24a, WAS AN	AUTOPSY IMED?	AVAILABLE PRI COMPLETION (OF DEATH?	F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the conditions of the cause of the conditions of the cause of t	OUE TO (OR AS A	A CONSEQUENCE OF	r): r): in the underlying 26. PL		Part i. 24e, WAS AN PERFOR 1 U YES 2	AUTOPSY IMED?	AVAILABLE PRI COMPLETION (OF DEATH?	F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause of the ca	OUE TO (OR AS A	CONSEQUENCE OF	r): in the underlying 26. PL OTHER:	g cause given in F	Part i. 24a. WAS AN PERFOR	AUTOPSY IMED?	AVAILABLE PRI COMPLETION (OF DEATH?	F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the conditions of the cause of the conditions of the cause of the ca	OUE TO (OR AS A DUE TO (OR AS A Contributing to death b	CONSEQUENCE OF	f): in the underlying 26. PL OTHER: 4 □ Nursing Hom	J cause given in F ACE OF DEATH (Che	Part I. 24a. WAS AN PERFOR 1 YES 2 ck only one) G Other (Specify)	AUTOPSY IMED?	AMALABLE PRI COMPLETION O OF DEATH? 1 YES 2	F CAUSE
PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	OUE TO (OR AS A DUE TO (OR AS A contributing to death b	CONSEQUENCE OF	26. PL OTHER: 4 □ Nursing Hom E OF 28c, MIJ WO	ACE OF DEATH (Chee	Part i. 24a. WAS AN PERFOR	AUTOPSY IMED?	AMALABLE PRI COMPLETION O OF DEATH? 1 YES 2	F CAUSE
MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	OUE TO (OR AS A DUE TO (OR AS A Contributing to death b CONTRIBUTION TO CONTRIBUTE	CONSEQUENCE OF CONSEQ	26. PL OTHER: 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ACE OF DEATH (Chee	Part I. 24a. WAS AN PERFOR 1 YES 2 ck only one) G Other (Specify)	AUTOPSY IMED?	AMALABLE PRI COMPLETION O OF DEATH? 1 YES 2	F CAUSE
D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	OUE TO (OR AS A DUE TO (OR AS A Contributing to death b	CONSEQUENCE OF CONSEQ	26. PL OTHER: 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ACE OF DEATH (Che	Part I. 24a, WAS AN PERFOR 1 YES 2 ck only one) Discription of the Control of t	AUTOPSY IMED? NO NJURY OCCUP	AMAILABLE PRICOMPLETION (OF DEATH? 1 YES 2	F CAUSE
D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	OUE TO (OR AS A DUE TO (OR AS A Contributing to death b IOSPITAL: Inpetient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF CONSEQ	26. PL OTHER: 4 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ACE OF DEATH (Che	Part I. 24a, WAS AN PERFOR 1 YES 2 / / / / / / / / / / / / / / / / / /	AUTOPSY IMED? NO NJURY OCCUP	AMAILABLE PRICOMPLETION (OF DEATH? 1 YES 2	F CAUSE
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D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that Initiated events resulting in death) LAST PART II. Other significant conditions of the condition	OUE TO (OR AS A DUE TO (OR AS A Contributing to death b CONTRIBUTION TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	CONSEQUENCE OF CONSEQ	26. PL OTHER: 4 \ Nursing Hom E OF URY M 1 \ V Rireet, factory, office	ACE OF DEATH (Chee	Part i. 24e, WAS AN PERFOR 1 YES 2 Ck only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, Stele) to the cause(s) and merital control of the cause(s) and merital	AUTOPSY IMED? NO NJURY OCCUR	AMALABLE PRI COMPLETION (OF DEATH? 1 YES 2	PR TO F CAUSE
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death b Contributing to death b Contributing to death b EXAMPLE: Inpatient 2 ER/Outp 26e. DATE OF INJURY (Month, Day, Year) 26e. PLACE OF INJURY building, etc. (Spec	out not resulting Determ 3 DOA 26b, TiM INJ - At home, farm, (1/y) ledge, death occurrent end/or investigation	26. PL OTHER: 4 □ Nursing Hom E OF URY WO 1 □ V street, factory, office	ACE OF DEATH (Checon of Residence 6) URY AT RRY ES 2 NO end place, end due to seth occured at the to	Part i. 24e, WAS AN PERFOR 1 YES 2 Ck only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, Stele) to the cause(s) and mei time, date end place, en	AUTOPSY IMED? NO NJURY OCCUP and Number or	AMAILABLE PRICOMPLETION (OF DEATH? 1 YES 2	OR TO F CAUSE
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b	out not resulting Destinated to the state of the state o	26. PL OTHER: 4 Nursing Hom E OF 28c, MU URY M 1 V street, factory, office	ACE OF DEATH (Checon of Residence 6) URY AT RRY ES 2 NO end place, end due to seth occured at the to	Part i. 24e, WAS AN PERFOR 1 YES 2 Ck only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, Stele) to the cause(s) and mei time, date end place, en	AUTOPSY IMED? NO NJURY OCCUP and Number or	AMAILABLE PRICOMPLETION (OF DEATH? 1 YES 2	OR TO F CAUSE
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b	out not resulting Destinated to the state of the state o	26. PL OTHER: 4 Nursing Hom E OF 28c, MU URY M 1 V street, factory, office	ACE OF DEATH (Checon of Residence 6) URY AT RRY ES 2 NO end place, end due to seth occured at the to	Part i. 24e, WAS AN PERFOR 1 YES 2 Ck only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, Stele) to the cause(s) and mei time, date end place, en	AUTOPSY IMED? NO NJURY OCCUP and Number or	AMAILABLE PRICOMPLETION (OF DEATH? 1 YES 2	OR TO F CAUSE
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b Contributing to death b	CONSEQUENCE OF CONSEQ	26. PL OTHER: 4 Nursing Hom E OF 28c, MU URY M 1 V street, factory, office	ACE OF DEATH (Checon of Residence 6) URY AT RRY ES 2 NO end place, end due to seth occured at the to	Part i. 24e, WAS AN PERFOR 1 YES 2 Ck only one) B Other (Specify) 28d. DESCRIBE HOW I City or Town, Stele) to the cause(s) and mei time, date end place, en	AUTOPSY IMED? NO NJURY OCCUP and Number or	AMAILABLE PRICOMPLETION (OF DEATH? 1 YES 2	OR TO F CAUSE

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

HE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should may within 72 hours after death with the State Dept, of Health and Memai Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

_	REGISTRAR		CE	HIFIC	AIE	DE DEATH		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last						2. DATE (OF DEATH DA	v 1	YEAR 3.	TIME OF DEATH
	BABY GIRL	A ELIZ	ZABETH	ANNE	DAW	SON	DECE				:26A
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. less		UNDER 1 YE			DE BIRTH Day, Year)	8.		ACE (State or Forei
		1 🗆 M 2🗶 F		YRS. MON	THIS DA			/27/9	3		rland
	Sa. FACILITY NAME (If not institution, give	street and number)		9b.		WN OR LOCATION OF		12113	9c. COUNTY		
8	THE JOHNS HOPK	INS HOSPITA	11		R	ALTIMORE	CITY				
5	RESIDENCE OF DECEDENT					ALTITIONE	CITI				
DIRECTOR	10a. STATE 10b. COUN	TY		10c. CITY, TO	WN OR L	DCATION				10	d. INSIDE CITY
5	Maryland H	arford		Aberd	een	Proving G	round			11	YES 2X N
4	100. STREET AND NUMBER					101. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
8	2813 Middlebor	Court				21005			U	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. AR	MED	13, WAS	DECENDENT OF HISP		? (Specify Yea			American Indian
	1 Never Married 2 Married	FORCES? 1		10	If you	s, specify Cuban, Mexi	Ican, Puerto R	ican, etc.)		Black, W	rhite, etc.
B	3 Widowed 4 Divorced	IF TES, GIVE WATE	DH DATES		10	YES 2 NO Spe	слу:			Whit	·e
	15. DECEDENT'S ED		16a, DE	CEDENT'S USU	AL OCCU	PATION	16b.	KIND OF BUS	INESS/INDUS		
E	(Specify only highest grade Elementary/Secondary (0-12)		(Gi	ve kind of work Do NOT use rel	done durin ired.)	g most of working		- 3 (2) - 1 - 1			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)	I	nfant			I	Depend	ent		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S					-
	the state of the s								sumemej		
H	Tynan A. Dawson 19a. INFORMANT'S NAME (Type/Print)		-				a Gris				
2			198	A D 1 2	PRESS (St	eet and Number or Run	Constant	er, City or Town	, Stete, Zip Co	ode) MI	2100!
	Mr. Tynan A. Da	wson				ddleboro					
	20a. METHOD OF DISPOSITION 1 □ Burlet 2 □ Cremetion 3 □ Pa	moval from State		ND DATE OF D			DATE		CATION - CIT		
	4 Donation 8 Other (Specify)		Alder	petory or other portions			12/8	3 Gui	lford	, Cor	nectic
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE				E AND ADDRESS OF		I cros	Llomo	D 7	
	- (instant	h116/12	Als	1200	λh	rring-Car erdeen, M	go rui	161 a1	001 3	200	
-	23. PART I. Entar the diseases, or	complications that c	aligned the de	eth. Do not							I Annoulma
	shock, or heart fallure	. List only one cause	on each line		arrigi (ire	mode of dying, so	acir as card	iac or respi	atory arrea	nt _p	Approximation interval Bet
	IMMEDIATE CAUSE (Final disease or condition	0 - 0	A L		1	0 11	1.				Onset and
	reaulting in death)	. necy	OTIZ	10	ent	erocoli	TIS				2day
			R AS A CONSEC	DUENCE OF):							Lala
Z	Sequentially list conditions,	a pre		ity							ocal
Ĕ	if any, leading to immediate	DUE TO (OI	R AS A CONSEC	DUENCE DF):							
2	CAUSE (Disease or Injury	c									
드	that initiated events	DUE TO (DI	R AS A CONSEC	DUENCE OF):							
CERTIFICATION	resulting in death) LAST	d									
	PART II. Other significant condition	one contributing to de	onth but not n	sculting in th	a undar	lulas enues elues l	la Bost I				
EDICAL	TATE IL CLIEN SIGNICALE CONCINC	The Contributing to de	redit but flot f	esuming in th	ie unuer	lying cause given	in Part I.	24a. WAS AN PERFOR		AM	ERE AUTOPSY FIN MILABLE PRIOR T
ă								1 YES 2	□ NO		OMPLETION OF CA F DEATH?
										1	YES 2 N
PHYSICIAN: M											
\$	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					6. PLACE OF DEATH	Check only one)			
Sic	1 TES 2 NO	HOSPITAL:	R/Outpetient 3		HER: Nursing	Home 5 🗆 Residenc	e 6 🗆 Other	(Specify)			
Ŧ	27. MANNER OF DEATH	28e. DATE OF IN		28b. TIME OF	280	INJURY AT	28d. OEŞ	CRIBE HOW II	JURY OCCU	RED	
	1 Netural 5 Pending	(Month, Day,	Year)	INJURY	M 1	WORK?					
BY	a C suitate	28a PLACE OF I	NJURY - At ho	me, farm, stree	t, factory.	office	28f. LOC/	TION (Street a	nd Number or	Rumi Rout	te Number
ED	4 Homicide 6 Could not be	building, ato	c. (Specify)					r Town, State)			
m l	29a. CERTIFIER				_						
COMPLET	(Check only CERTIFYING PHY	SICIAN: To the best of my									
8	2 MEDICAL EXAMI	NER: On the basis of exam	nination and/or i	investigation, ir	my opini	on, death occured at t	he time, data	and place, an	due to the	cause(s) ar	nd manner as st
	29b. SIGNATURE AND TITLE OF CERTIF	ER A	^			29c. LICENSE N	UMBER	7	29d. DATE !	SIGNEO (M	onth, Day, Year)
H	Valouro 1 B	801111)				-11		D 1-	1-	100
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITE	M 27) (Time Prin	r)				16	-13	175
	VALERIE BIN	41.0 T	the act)		collar	Ra 11-		110.	7 1-	67
	MICHE DELK	MIN- 1 00	inas H	TOKINS	110	spilal 1	Ja HI	nove	w	616	-8+
	31. DATE FILED (Month, Day, Year) DFC 06 93	gulia Davidson	SIGNATURE D	2							
	DEC 06'93	TUNE DEUTOSON	Mariane								

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DALI	ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Pr
	ours a
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INISION OF VITAL DECORDS, P.O. BOX 89/80,	certificate
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THE THE CAME. THE LAW REQUIRES THAT THE GEATH CEPTRICATE DE EXECUTED WITHIN THE OURS ATTENDED TO THE FEBRUARY DE RETAINED BY THE NOSPITAL OF ATTENDING PAY	in conficate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but	
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	1. DECEDENT'S NAME (First,			Viola	Dav.	is			MC	TE OF DEATH	1993	YEAR	3. TIME OF DE
	4. SOCIAL SECURITY NUMB 217-32-075	0	5. SEX 1 M 2 M F		89 vrs.	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	M	TE OF BIRTH Conth, Day, Year) By 17,19		Mar	ryland
TOR	Montgome	ery G	eneral Ho	ospital	1	100	lne;	Y LOCATION OF DI	EATH		No.	ntgo	mery
DIRECTOR	Maryland	Mon	tgomery		10c. Cf	TY, TOWN OR	ama	scus				1	10d. INSIDE CI LIMITS? 1 YES 2
FUNERAL		Holse	ey Rd.	377	The same			20872			U	Inite	ed State
ВУ	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo			ENT EVER IN U. 1 YES 2 WAR OR DATE	2 NO	lf y	yes, spe	NDENT OF HISPAI offy Cuban, Mexica 20 NO Specif	n, Pue		or No—	14. RACE Black Speci	E — American in k, White, stc. ://y: Black
LETED		EDENT'S EDI y highest grad 0-12)			Itte. Do NOT	work done du	ring mos	N t of working		16b. KIND OF BUS	siness/inc		
E COMPL	17. FATHER'S NAME (First, MI	liddle, Last)	kins		no.	memare	1		_	at, Middle, Melden		10	
TO BE	19a. INFORMANT'S NAME (7)	Type/Print)						d Number or Aural	Route N	lumber, City or Tow			22 5152
	1 Donation 5 Other			_	ry, crematory or Frie:	ndship)	11,	/06	/93	pamas	scus.	Md.
	23. PART I. Enter the disease or condition	(Specify) L SERVICE L Iseases, or eart failure	Molis	west	he death. Do	22. N/ 01 26	in 401	ADDRESS OF FA L. Mole: Ridge I	Rd.	rth, P. J., Damaso	A. cus, M	1d. 2	
MEDICAL CERTIFICATION	23. PART I. Enter the dishock, or himmediate CAUSE (Findisease or condition resulting in death) Sequentially list conditif any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	Isoases, or eart failure hal	complications the List only one ca	net caused the suse on each of the suse on each of the suse of the	ne death. Don lina. DONSEQUENCE OF SEQUENCE 22. N/OI 26 not enter ti	AME ANT. in 10101	ADDRESS OF FA	Rd.	rth, P. I., Damasc	A. Cus, Maratory are	/d. 2	Approxi interval Onset a Onset	
SICIAN: MEDICAL	23. PART I. Enter the dishock, or himmediate CAUSE (Findisease or condition resulting in death) Sequentially list conditif any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injuthat initiated events resulting in death) LAS	Isoases, or eart failure hal	complications the List only one ca	net caused the suse on each color as a color of the color	DISEQUENCE (22. N/Ol 26 not enter the corp.: OF): OF): OTHER:	AME AND IN 100 LOOK IN 100 LOO	ADDRESS OF FA	Part i	Damase ardiac or reapi Like 24a. WAS AN PERFOR 1 YES 2	A. Cus, Maratory are	/d. 2	Approxi Interval Onset a Onset
BY PHYSICIAN: MEDICAL	23. PART I. Enter the dishock, or he immediate CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) PART II. Other algnification in death) 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Yestural 5 2 Accident 3 Suicide 8	Isoases, or eart failure hal	Complications the List only one can be depended as a DUE TO de T	of the part of the	DISEQUENCE OF THE PROPERTY OF	22. N/Ol 26 not enter the corp.: OF): OF	AME AND AND AND AND AND AND AND AND AND AND	ceuse given in	Part i	Damase Pardiac or reaple Pardi	A. Cus, Niratory are autopsy amed?	24b	Approxi interval Onset a Onset
PHYSICIAN: MEDICAL	23. PART I. Enter the dishock, or he immediate CAUSE (Findisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuthat initiated events resulting in death) LAS PART II. Other algnification in the cause of the cause	Iseases, or eart failure had been failur	Complications the List only one can be depended as a DUE TO de T	to death but ER/Outpatte Final Pay, Year) Of INJURY— g, stc. (Specify)	DISEQUENCE (DISEQ	OF): OTHER: 4 Nursir ME OF LUURY M , street, factor	AME AND AND AND AND AND AND AND AND AND AND	Cause given in ACE OF DEATH (CAUSE) The property of the prop	Part I	Damase ardiac or reapi ardiac or reapi ardiac or reapi ardiac or reapi ardiac or reapi ardiac or reapi ardiac or reapi ardiac or reapi ardiac or reapi ardiac or reapi ardiac or reapi	A. Cus, Miratory are interest and interest a	24b	2087

marker after the The system of the second of th The state of the s

3. TIME OF DEATH

10d. INSIDE CITY LIMITS? 1 YES 2 X NO

White

8. BIRTHPLACE (State or Foreign Country)

Maryland

2:50 A M

Richard

Sr.

YEAR

93

9c. COUNTY OF DEATH

Frederick

U.S.A.

10g. CITIZEN OF WHAT COUNTRY?

Specify:

14. RACE — American Indien, Black, White, atc.

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year)

		4. SOCIAL SECURITY NUME	ER	5. SEX	6. AGE ((in yrs. lasi	birthday)	IF UNDER		IF UNDER		7. DATE O	F BIRTH Day, Year)	
		212-12-067	5	1 M 2 □ F		75	YRS.	MONTHS	DAYS	HOURS	MIN.		18,1	918
Should		9e. FACILITY NAME (If not in		street and number)				96. CITY	, TOWN	OR LOCATI	ON OF DE			9c. CO
1, 2, 3,	СТОВ	Meridian	Nursin	g Center				F	rede	rick				Fı
Pages 1	1 m	10e. STATE	10b. COUNT	γ			10c, CIT	Y, TOWN	OR LOCAT	TION				
2	DIRE	MD	Fre	derick				Fred	eric	k				
permit.	AL.	10e. STREET AND NUMBER							101	. ZIP COD	E			10g. CI
- TS	R	4413 Ara	by Ch	urch Road	i					2170)1			
21203-3146 tal or attending physician. for use as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 🔀 3 Widowed 4 Divo		R IN U.S. ARMED ES 2 NO R DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specific Specify Cuben, Mexican, Puerto Rican, etc) 1 VES 2 NO Specify:								s or No—		
aftend	8		EDENT'S EDU					USUAL O				15b.	KIND OF BU	SINESS/II
of or a	COMPLETE	Elementary/Secondary (6	College (1-4 or 5	+)	life.	Do NOT u	se retired.)	auring mo	ast of worki	ng				
	APL	10			5	Self	Emp1	Loye	d			Lan	dsca	
AND the hospita detached	ő	17. FATHER'S NAME (First, M	liddle, Last)							18. MOT	HER'S NA	ME (First, Mi	ddle, Maiden	Surname
3 8 E	BE	Edw	ard :	Earp								Ma:	ry H	owar
retained 5 should		19e. INFORMANT'S NAME (ype/Print)			198	. MAILING	ADDRES	S (Street i	nd Numbe	or Rurel	Route Numbe	v. City or Tou	vn, State, 2
De reti	2	Richard Fra	nklin	Earp, Ja	r.	44	413 A	Araby	Ch	urch	Road	d, Fr	ederi	ck,
யி இ வி		20e, METHOD OF DISPOSIT	ION			other pla	OF DISPO	SITION (N	ame of ce	metery, cree	natory or		20c. LC	CATION -
MORE age 6 may director, p		4 Donetlon 5 Other		noval from State	_ F			ak Ce	emet	ery			Gai	ther
Page al direc		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE				22.	NAME A	ND ADDRE	SS OF FA		- 17 - 1	D
BALTIM rs after death. Pag of the funeral diremoval. edical examiner		Dil. 1	(1 (11.1	1		1.0			D 1	Dr.,	eVol	
S, P.O. BOX 13146, to death certificate be executed within the attending physician and completely "ed in by th Mental Hygiene prior to burial, cremation, or remova	CERTIFICATION	IMMEDIATE CAUSE (Fidesese or condition resulting in death) Sequentially list condition if any, leading to immediate, Enter UNDERLY CAUSE (Disease or injuted initiated events resulting in death) LAS	dona, diete ing	b	O (OR AS A	A CONSEC	DUENCE O	OF):				Esvy		
RECORD w requires that the been signed by it, of Health and I shows any in	AN: MEDICAL	PART II. Other algnifica	ont conomo	na contributing t	o deeth s	out not r	eaulting	in the u	nderfyln	g cause	given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?
	CA	25. WAS CASE REFERRED T	O MEDICAL	HOODITAL						LACE OF	EATH (C	eck only one)	
- 5 5 5	Sic	1 YES 2 NO		HOSPITAL:	☐ ER/Out	patient 3	□ DOA	4 KNu	R: rsing Hon	ne 5 🗆 R	eeldence	6 🗆 Other	(Specify)	
O F is is is	표	27. MANNER OF OEATH 1 Netural 5	Pending	28s. OATE ((Month,	Day, Year)		28b. TIR IN	ME OF JURY M	W	JURY AT ORK? YES 2 [NO	28d. DES	CRIBE HOW	INJURY C
ISION TTENDING After death after death 28 is ma	TED BY	2 Accident Investigation								281. LOCATION (Street end Num City or Town, State)				
DIV PITAL OR A ERAL DIREC IN 72 hours T; If Item	COMPLETED	one) 2 MEE	ICAL EXAMIN	SICIAN: To the best						death occu	red at the	time, date		nd due to
TENE S	BE	296. SIGNATIONE AND TITES	COF CERTIFIE	o K		1				29c. LIC	ENSE NU	MBER /		29d. D

Franklin Earp,

CCUPATION during most of working	15b. Kil	ND OF BUSINESS/INDUST	RY
loyed		Landscapin	ng
	ER'S NAME (First, Mide	die, Meiden Surname)	
	Mar	y Howard	
S (Street and Number	or Rural Route Number,	City or Town, State, Zip Co.	de)
Church	Road, Fre	derick, MD	. 21701
ame of cemetery, crem	atory or	20c. LOCATION — City	or Town, State
emetery		Gaithersb	urg, MD.
NAME AND ADDRES		eVol Funera	1 Home
E.Deer 1	Park Dr.,	Gaithersbu	rg, MD. 20877
	he Esuys	Logral	Approximate Interval Batween Onset and Death
nderlying cause g		Sa, WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
26 PLACE OF O	EATH (Check only one)		
R:			
28c. INJURY AT WORK?		RIBE HOW INJURY OCCUR	NED
tory, office	281. LOCATI City or	ON (Street end Number or Town, State)	Rural Route Number,
		(e) end menner as stated, ad place, and due to the c	euse(s) and menner se stated.
29c. LICE	NSE NUMBER		IGNED (Morth, Day, Year) ス・2・93
ne John	m A. j	Frederice.	up 21702
			DHMH-16 Rev 1/89

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pring) ANTANE G. 31. DATE FILED (Month, Day, Year) DEC 0 3 1993

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32. REGISTRAR'S SIGNATURE Davidson Randall

187

MANANO. MO

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1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND /	DEPAR	TMEN ICAT	T OF H E OF	IEAUTH DEAT	AND I	MENTA	L HYGIEN	E	93	36445
	1. DECEDENT'S NAME (First, Middle, Last)	Janet M	arie	Edma	ın				2. DATE	OF DEATH	, 199	YEAR	3. TIME OF DEATH 4:15 P. M
	1.60 51. 2261	5. SEX 8	AGE (In yrs. In	st birthday) YRS.	IF UNDE	DAYS	IF UNDER	24 HRS. MIN.	7 DATE	OF BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
~	9a. FACILITY NAME (If not institution, give etre				9b. CIT	y, TOWN C	R LOCATION	ON OF DE		. 4.79.		NTY OF D	-
СТО	RESIDENCE OF DECEDENT	rs Branch	Road.			Ger	rmant	own			N	lonte	omery
DIRECTOR	Maryland Mont	gomery		10c. CIT	Y, TOWN	OR LOCAT	ion ermar	town					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
RAL	100. STREET AND NUMBER 19513 B Gunner	s Branch	Road			101	ZIP CODE	20876			_		HAT COUNTRY?
FUNERAL		12. WAS DECEDENT I	EVER IN U.S. AF	RMED NO	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN	? (Specify Yes	1	14. BACE	- American Indian,
В	3 Wildowed 4 Divorced	IF YES, GIVE WAF					2 () NO			, 010.7		Speci	
ETED.	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)		16a. Of	ECEDENT'S Sive kind of a E. Do NOT us	USUAL O work done we retired.)	during mo	ON si of workin	g	16b.	KIND OF BUS	BINESS/INC	DUSTRY	
COMPLET	1.0	-	F	ood S	ervi	ce					staur	ant	
BE CC	William R. I	inger					18. MOTI			lewis	,		
TO B	19a. INFORMANT'S NAME (Type/Print) Duane C. Edman			b. MAILING						er, City or Town			W1 0=00/
	20a METHOD OF DISPOSITION 1X Buriel 2 Cremetion 3 Remov		20b. PLACE					bran	Ch R		cation –		Md. 20876
	4 Donation 6 Other (Specify)		cemetery, cre	sthav	her place) en				3/93		reder		
	21. SIGNATURE OF FUNERAL SERVICE LICE	1 olo su co	the		0	lin		oles	wort	h, P.A		M S	20270
	23. PART i. Enter the diseases, or concendent failure. Li iMMEDIATE CAUSE (Final disease or condition resulting in death)	cuda.	on each line	C. do	not enter	r the mo	de of dyi	ng, auch	as card	lac or reapl	ratory an	rest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (O	R AS A CONSE	OUENCE O	ን:								,
MEDICAL	PART ii. Other aignificent conditiona	contributing to de	eeth but not i	recuiting i	in the u	nderlying	ceuse g	iven in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only on	9)			
HYSI		28e. DATE OF IN	JURY	DOA 28b, TIM	4 🗌 Nui	sing Home		eldence	6 Other	(Specify)	HIEV OC	TIBED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	INJ	URY M	1 Y	RK? 'ES 2	NO		OINGE FIOW II		JONED	
입	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF I	NJURY — At ho c. (Specify)	ome, farm, s	street, fac	tory, office	•		28t. LOCA City o	ATION (Street a or Town, State)	nd Number	or Rural A	oute Number,
COMPLET	29a. CERTIFIER (Check only one)												
BE CO	2 MEDICAL EXAMINER: 296. SIGNATURE AND TITLE OF CERTIFIES.	On the basis of exam	nination and/or	investigatio	n, in my o	opinion, de		NSE NUM		and place, en			and manner on stated.
2	30. NAME AND ADDRESS OF PERSON WHO	7.	OF DEATH STE		0 i at		2	297	42		▶ ()	122	143

3 Suicide
4 Homicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 294. DATE SIGNED (Morett, Day, Year) 120 29765 93 11 WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Ralph V. Boccia, M.D. 14808 Physicians Lane, Rockville, Md. 20850
32. HOSTRAR'S SIGNATURE
Julia Davidson-Randelle DHMH-16 Rev 1/89 Javas St

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YSICIAN: The law requires that the death certificate be executed within a well as a feer death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should with the State Dept. or Health and Mental Hygiene prior to burial, cremation, or removal.	ked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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certificate	iding physic	r other tr
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The law re	e has bee te Dept. o	em 23 sh
YSICIAN:	s certifical th the Sta	d, or ite
DING PH	NERAL DIRECTOR: After this hin 72 hours after death wi	item 28 is market
ATTEN	RECTOR:	m 28 i
ITAL DE	2AL DII	If Ite
E HOSPI	E FUNER d within	ORTANT: If Ite
E	3.9	5

31. DATE FILED (Morrith, Day, Year) NOV 3 0 1993

32. REGISTRAR'S SIGNATURE a Juydson-Andales

	FOR 1 _ STATE	STATE OF MARYLAND	/ DEPARTA	MENT OF HEALTH AND	MENTAL HYGIEI	NE 9	3 36446
	- STATE REGISTRAR			ATE OF DEATH	REG. NO		
į	1. DECEDENT'S NAME (First, Middle, Last) Miryam	Marica	Eskir	nazi	2. DATE OF DEATH MONTH 1/28	7 93 Y	3. TIME OF DEATH 3:09p
	000 40 0400	6. AGE (In yrs.		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	7. DATE OF BIRTH	1	BIRTHPLACE (State or Foreign Gountry) LUIKEY
OR	9a. FACILITY NAME (If not institution, give street North Arundel Hos	· ·	91	CITY, TOWN OR LOCATION OF Glen Burnie	DEATH	9c. COUNTY Anne	of death Arundel
FUNERAL DIRECTOR	10a. STATE 10b. COUNTY HINDE	Arundel	10°SEV	PWN OR LOSATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER CI	rossover		101. ZIP CODE 21	146	10g. QITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Naver Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED SNO	13. WAS DECENDENT OF HISE If yes, specify Cuban, Max 1 YES 2 NO Spe	can, Puarlo Rican, atc.)		RACE — American Indian, Black, Whita, etc. Specify White
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elamentary/Secondary (0-12)	moleted)	DECEDENT'S US (Give kind of work life. Do NOT use n Homemak		166. KIND OF BI	USINESS/INDUST	'RY
BE CON	17. FATHER'S NAME (First, Middle, Last) Leon Kontente				NAME (First, Middle, Meide Simantov	n Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print) Mr. Jak Eskinazi			oness (Street and Number or Rur Andrews Cross			MD 21146
	20a. METHOD OF DISPOSITION 1	al from State 20b. PLAC	ce of disposition of the control of	on (Name of cometery, crematory of natory		OCATION — CHY	
	21. SIGNATURE OF FUNERAL SERVICE LIGHT	NER C	1	22. NAME AND ADDRESS OF Bairanco Fune		Ritchie everna	Hwy. Park MD 21146
	23. PART I. Enter the diseases, or conshock, or heart failure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the st only one cause on each to the state of	live.				, Approximata Interval Between Onset and Death
Z	b.	149PEN T	GNSLOI	U			
CATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CON!	SEOUENCE OF):				
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	SEOUENCE OF):				
	PART II. Other significant conditions	contributing to death but no	ot resulting in	tha underlying cause given	In Part I. 24a. WAS A	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE
MEDICAL					1 YES	2 🔁 NO	OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF OEATH	266		
SICI	EXAMINER?	HOSPITAL: ☐ Inpetient 2 M ER/Outpatient		THER: Nursing Home 5 Realden			
PHYSICIAN:	27. MANNER OF DEATH 1 Metural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — At building, atc. (Specify)	home, farm, atre		281. LOCATION (Stree City or Town, State		Rural Route Number,
COMPLETED	const.	AN: To the best of my knowledge, On the basis of examination and					ause(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE I	IUMBER	29d. DATE S	GNED (Month, Dey, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (TEM 27) (Type, Pr				
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5 4 -	The moderate examined mast be nothing at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760 BALTIMORE, MARYLAND 21215-0020 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with the State of the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-label filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, commission, or remonstrained and them 23 should be detached for use as the burlat-label filled by the market or them 23 should be detached for use as the burlat-label filled by the market or them 23 should be detached for use as the burlat-label filled by the market or them 23 should be detached for use as the burlat-label filled by the market or them.	HI. H. HOIII Ed to merced, or term to enough mighty or error treatment event, a

1. DECEDENT'S NAME (First, Middle, Last)		CERTIF			2	REG.			3. TIME OF DEATH
ANCZEL			F	URER			ECEMBER	DAY	93	11:05 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 H	\rightarrow	DATE OF BIRTH		a. BIRT	HPLACE (State or Foreign
196-32-4718	1 🔀 M 2 🗆 F	8.	3 YRS.	MONTHS DAYS		SI	(Month, Day, Yes EPT. 20	,1910	1 -	OLAND
9a. FACILITY NAME (If not institution, give 10920 CONNECTION RESIDENCE OF DECEDENT		413			INGTON	F DEATI	н		NTGC	DMERY
	TGOMERY			Y, TOWN OR LOC ENSINGT						10d. INSIDE CITY LIMITS? 1 YES 2 NO
109. STREET AND NUMBER 10920 CONNECTICE	UT AVE. #	413			101. ZIP CODE 20895					STATES
11. MARITAL STATUS 1 Never Married 2 🛣 Married 3 Wildowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE Y	YES 2	NO	if yes,	ECENDENT OF HI specify Cuban, M ES 2 X NO S	xicen. F	ORIGIN? (Specif Puerto Rican, etc	y Yes or No— .)	14. RAC Blac Spec	E — American Indian, ok, White, etc. othy: WHITE
15. DECEDENT'S ED (Specify only highest grad		16a	DECEDENT'S	USUAL OCCUPA	TION most of working		16b. KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 12	College (1-4 or 5	+)	IIIe. Do NOT u	HINE OP			нат	FACTOR	RY	
17. FATHER'S NAME (First, Middle, Last) MICHAEL FURER		H.	12		-		(First, Middle, Ma	The same of		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS (Street	and Number or F	ural Rou	rte Number, City or	Town, State, Z	ip Code)	
JUDITH KURZWEIL	(DAUGHTE	R)	11620	LOCKWO	OD DRIV	E, :	SILVER	SPRING	, MI	20904
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	movel from State			of disposition other place) ON CEME				DELPHI		
21. SIGNATURE OF PUNERAL SERVICE L	JOENSEE			22 NAME	AND ADDRESS C	F F40W	ITY			
Kann 1	Afri	ee.		DANZ 1170	ANSKY-G ROCKVI	OLDI LLE	BERG ME PIKE -	ROCKV	ILLE	PELS, INC. ,MD. 20852
23. PART I. Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. My	OCA	RD1/	DANZ 1170 not enter tha r	ANSKY-G ROCKVI node of dying,	OLDI LLE such s	BERG ME PIKE - Des cardiac or r	ROCKV	ILLE	MD. 20852 Approximata Interval Betwee
shock, or heart fellum IMMEDIATE CAUSE (Final disease or condition	a. My DUE TO DUE TO	OCA	RDI/ NSEQUENCE O	DANZ 1170 not enter the r	ANSKY-G ROCKVI node of dylng,	OLDI LLE such s	BERG ME PIKE - Des cardiac or r	ROCKV	ILLE	Approximate interval Between Onset and Des
shock, or heart feilure IMMEDIATE CAUSE (Final disease or condition resulting in daeth) Sequentially liet conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO	OCA ORAS A COL	RDIA	DANZ 1170 not enter the r	ANSKY-G ROCKVI node of dylng, IN E	OLDI LLE such s	BERG ME PIKE — se cardiac or r CCTO IS TA.	ROCKV	TLLE	Approximata Interval Between Onset and Dea MINUTE.
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Shock, or heart fellure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II, Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 2 Accident 3 Suicide 4 Homicide 1 Certifier (Check only one) 2 MEDICAL EXAMIN	B. DUE TO	OCA OOR AS A CON O	NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O NSEQUENCE O	DANZ 1170 not enter the r P FF: A R 7 FF: In the underly 26. OTHER: 4 Nursing H IE OF 28c. JURY M 1 street, factory, of	ANSKY-G ROCKVI node of dying, In F BRY Ing ceusa give PLACE OF DEATH Downe 5 & Reside NJURY AT WORK? YES 2 NO Whice 129c. LICENSE	DLDI LLE Such s A A D In in Pai (Check due to the time	BERG ME PIKE — se cardiac or r CTO O' CTO O' LS GA. int I. 24a. WA. PEI only one) Other (Specify) 8d. DESCRIBE H St. LOCATION (St. Cily or Town, St	ROCKV espiratory s S AN AUTOPSY APPORMED? S 2 NO OW INJURY OF Treat and Number Treat and Number Treat and due to	CCURED or or Rural sted.	Approximata Interval Betwee Onset and Dea MINUTE. WERE AUTOPSY FINDING MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH! 1 YES 2 NO

FITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	EAAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	Include are treated with the State Copy. On reaching any mental registers of the copy. On the copy of them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notilled at once.
retained b	5 should	notified
5 may be	tor, page	ust be r
th. Page 6	eral direct	miner m
after dea	by the fur	lical exa
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certificate	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	other to
the death	the atten	njury, or
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JAN: The	rtificate P	or item
B PHYSIC	er this ce	arked,
UTENDIN	CTOR: Aft.	28 Is m
ITAL OR A	3AL DIRE	il item
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760, I

- 1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF OEATH		1,271,27	3. TIME OF OEATH
	MILLIA	M BA	eris	FE	RCH	1AK	MONTH D	7	YEAR	OdanAn
	4. SOCIAL SECURITY NUMBER		AGE (In yts. last		F UNDER 1 YEA		7. DATE OF BIRTH	-	10	PLACE (State or Foreign
- 1	215-28-5677	1 M 2 F	61	YRS.	ONTHS DAY		(Month, Day, Year)/	32	Countr	sylvania
	9a. FACILITY NAME (If not institution, give str	-	01		h CITY TOW	/N OR LOCATION OF DI		_		
œ			a =				AIR		NTY OF D	
DIRECTOR	7209 MAKTIN	115 COU	KI		山	VHAM		IFRI	NCE	GEOR GE'S
EC	10a. STATE 10b. COUNTY			10c, CITY 1	TOWN OR LO	CATION				104 INCIDE CITY
E		ICE GEER	Leir		ANA					10d. INSIDE CITY LIMITS?
		ce veck	UE U	-	73~ ~					1 YES 2XX NO
A.	10e. STREET AND NUMBER	1.10 (101. ZIP CODE				NAT COUNTRY?
FUNERAL		IN'S C				20706		Unit	ted S	States
ا ۾	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARM	ED	13, WAS (DECENDENT OF HISPAN	HC ORIGIN? (Specify Yes	or No-	14. RACE	— American Indian, , White, etc.
ВУ	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE WAR	OR DATES	,		specify Cuben, Mexica (ES 2 NO Specifi			Speck	Mr.
	3 Wildward 4 Divorced	1952 -	1960						1	UHITE
COMPLETED	15. OECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DEC	EDENT'S US	UAL OCCUP	ATION most of working	16b. KINO OF BUS			
9 I	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Mo. L	Do NOT use n	etired.)	most or worthing				rotherhood
Ē	12 years 2	years	Uni	on Re	prese	native	of Team	nster	S	
5	17. FATHER'S NAME (First, Middle, Last)						ME (First, Middle, Maiden	Sumamel		
	John James Ferci	hak				1			-4	
BE	19e. INFORMANT'S NAME (Type/Print)	LACEL	104	MAILING AC	nnese /o-		ia M. Lo			
임		hale					noure number, City or Tow	n, State, Zip	Code)	
	Annabelle J. Ferc	IIdK			as #1					
	20e. METHOD OF DISPOSITION 1 Deutle 2 Cremetion 3 Remove	val from State	20b. PLACE AN	DDATE OF O	DISPOSITION	(Name of	OATE 20c. LO	CATION —	City or To-	wn, State
	4 Donation 5 Other (Specify)		Fort L	incol	n Cem	etery 11,	/27/93 Bre	entwo	od,	Maryland
	21. MATURE OF FUNERAL SERVICE LICE	INSEE			22. NAME	AND ADDRESS OF FA	CILITY			The Court of the C
	Wall short &	KMONE	· DA		Dona	id V. Borg	gwardt Fund	eral	Home	, P.A.
	Taracción.	-0 9Wa	xx.		4400	Powder M	ill Rd. Bei	ltsvi	lle.	Md. 20705
	23. PART i. Enter the diseeses, or co shock, or heart failure. L	ist only one cause	used the deep	th. Do not	enter the	mode of dying, auc	h aa cardlec or reapi	ratory an	rest,	Approximata Intervel Between
	IMMEDIATE CAUSE (Final									Onset and Death
	disease or condition resulting in death)	CADNIA	· Ao	PHI.	TUA	ALLA.				
	a.	CARDIA- DUE TO (OR	AS A CONSEOL	JENCE OF):	1 02/1	1175				<u> </u>
_	_						A DUGA	ar.		
<u> </u>	Sequentially list conditions,		AS A CONSEQU		JIM	- Macoun	TO WOY	E		<u> </u>
Ä	if any, leading to immediate cause. Enter UNDERLYING	,		/-						į l
윤	CAUSE (Disease or injury that initiated events	DUE TO (OR	AS A CONSEOU	IENCE OF						<u> </u>
- II	urer lilitatou events									1
E I	resulting in death) LAST									1
EH.										
L CERTIFICATION	resulting in death) LAST		th but not rea	nulting in 1	the underly	ring cause given in	Part I, 24a, WAS AN	AUTOPSY	24h	WERE AUTOPSY FINDINGS
	PART II. Other algnificent conditions	contributing to dea					PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
	resulting in death) LAST	contributing to dea					Part I. 24a. WAS AN PERFOR	MED?	24b.	
MEDICAL	PART II. Other algnificent conditions	contributing to dea					PERFOR	MED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	PART II. Other algnificent conditions	contributing to dea					PERFOR	MED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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\$	H	all a	INPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
=	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial	25	1
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	1 - STATE REGISTRAR CERTIFICATE OF DE	LIN AND M EATH	REG. NO	_	
	1. DECEDENT'S NAME (First, Middle, Leat) MARJURIE VIRBINIA FUSS		2. DATE OF DEATH	6 93	3. TIME OF DEATH
		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	2.5 a. B.	WASH. D.C.
TOR	98. FACILITY NAME (If not institution, give street and number) 5805 42 mod AVENUE 514 PRESIDENCE OF DECEDENT	OCATION OF DEA		PRIN	
DIRECTOR	100. STATE 100. COUNTY 100. CITY, TOWN OR LOCATION HOD PLANCE GEORGES HYPT	30,70	Ē		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 101. ZIP 5805 42 AVENUE # 574	2018/	/		J. S. A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 2 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED II 3. WAS DECENDED IF YES, GIVE WAR OR DATES 13. WAS DECENDED IF YES, GIVE WAR OR DATES 14. WAS DECENDED IF YES, GIVE WAR OR DATES 15. WAS DECENDED IF YES, GIVE WAR OR DATES	Cuben, Mexican,	C ORIGIN? (Specify Yea Puerto Rican, etc.)	or No- 14. R	IACE — American Indian, Block, White, etc.
LETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of viite. Do NOT use retired.)	working	16b, KIND OF BUS		
COMPLET	12 SECRETARY 17. FATHER'S NAME (First, Middle, Last)	MOTHED'S NAM	E (First, Middle, Meiden	SECRET	PARIAL
BE C	PRESTON WELCH		MARY	DORS	
10	194. INFORMANT'S NAME (Type/Print) ROBERT FUSS 195. MAILING ADDRESS (Street and No. 3801 LAKE BLV.)		IANDALE, V		
	20e. METHOD OF DISPOSITION 1 **Committee	1	OATE 20c. LO	CATION — City o	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AC	OORESS OF FACI	LITY		MD. 20737
CERTIFICATION	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	iA			Approximate Intervel Between Onset and Death Minuxes Years
DICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceu	use given in Pr	PERFOR 1 YES 3	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: MEI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OF DEATH (Check			
B	27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be 28. OATE OF INJURY 28b. TIME OF INJURY WORK? 1 YES 28c. PLACE OF INJURY — At home, ferm, street, fectory, office building, stc. (Specify)	2 NO	28d. DESCRIBE HOW II		
E	4 Homicide determined		City or Town, State)		
COMPLETED	CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pone) CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and pone) MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death of the basis of examination and/or investigation, in my opinion, death of the basis of examination and/or investigation.				se(a) and menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER AND LONG OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)-(TIPO, PING)	DO18	ER 2	▶ //-2	SG-G3
	11. DATE FILED (MONTH, DBY, YBBY) 32. REGISTRAR'S SIGNATURE	y Rol 1	Hyatts	ville M	(D 20781
	DEC 0 2 1993 Julia Davidson-Randelle				

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, THE HORPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a first after de the attending physician and completely filled in by the first the law fact death with the State Dept. of Health and Mental Mylere prior to bridly, cremation, or removal.	DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146 BALTIMORE, MARYLAND 21203-3146 BALTIMORE, MARYLAND 21203-3146 BALTIMORE, MARYLAND 21203-3146 BALTIMORE, MARYLAND 21203-3146 BALTIMORE, MARYLAND 21203-3146 BALTIMORE, MARYLAND 21203-3146 BALTIMORE, MARYLAND 21203-3146 BALTIMORE, MARYLAND 21203-3146 BALTIMORE, MARYLAND 21203-3146	d or Ham 22 shows any injury or other traumatic event the medical evantines must be notified at once
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REGISTRAR		CERTIF	ICATE C	F DEATH	REG.	NO.			
1. DECEDENT'S NAME (First, Middle, La		2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATN							
DOROTHY EDNA	CLEMENTS F	ERRIL			11/	201	93	2050 P.M	
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. leat birthday)	IF UNDER 1 YEA		7. DATE OF BIRTH	1	8. BIRTHI Country	PLACE (State or Foreign	
215-18-0497	1 □ M 2 X F 7	6 YRS.	MONTHS DAY	B HOURS MIN.	Month, Day, Year 5 11	1917	Was	h.D.C.	
9e. FACILITY NAME (If not institution, gir	96. CITY, TOWN OR LOCATION OF DEATH			9c. COUNTY OF DEATH					
SHADY GROVE H	ROCKVILLE			MONTGOMERY					
RESIDENCE OF DECEDENT									
10+, STATE 10b. COU		10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?	
Md. Mont	tgomery	Poo	olesv	11e				1 YES 2 NO	
100. STREET AND NUMBER				10f. ZIP CODE		10g. C	TIZEN OF W	HAT COUNTRY?	
20900 Whites	Ferry Road			20837		U.	S.A.		
SHADY GROVE FRESIDENCE OF DECEDENT 10e. STATE 10b. COU Md. 10c. STREET AND NUMBER 20900 Whites 11. Marital STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER		13. WAS	DECENDENT OF HISPA	NIC ORIGIN? (Specify	Yee or No-	14. RACE	— American Indian, White, stc.	
	FORCES? 1 YES			specify Cuben, Mexico			Specifi	V-	
3 Widowed 4 Divorced								white	
15. DECEDENT'S E (Specify only highest gr	DUCATION ade completed)	16a. DECEDENT'S	USUAL OCCUP	ATION	16b. KIND OF	BUSINESS/II	NDUSTRY		
(Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)	Me. Do NOT us	se retired.)	most of working					
	2 yrs.	Secr	etary		Ka	y Jew	veler	y Co.	
17. FATHER'S NAME (First, Middle, Last)				10. MOTNER'S NA	AME (First, Middle, Mei				
Thomas H. Cl	ements			Edna	G. Phe	lps			
19e INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Str	et end Number or Aural			Zip Code)		
Dale Ray Ferr	i 1							,Md.20837	
20e. METHOD OF DISPOSITION	20			cemetery, crematory or			- City or Tox		
1 Buriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	other place)	Monocacy				allsville,Md.		
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22 NAM	AND ADDRESS OF E	ACILITY				
D	C Hilt			lton Fun				Box 86	
Mount	C NUCC		Ba	rnesvill	e, Md.	20838	3		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of	ous form as ous form as d. lone contributing to death A A A C	A CONSEQUENCE OF	In the underly of the	PLACE OF DEATH (C) Sortie 8 Residence RIJART AT WORKT	1 Part I. 24a. WA	S AN AUTOPS FORMED?	Y 24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
1 Netural 5 Pending 2 Accident Investigation	40-	7.7		YES 2 NO					
	28s. PLACE OF INJUF building, etc. (Sc	RY At home, firm,	street, factory,	office	28f. LOCATION (Str City or Navn. S		her or flural fi	bulle Mumber	
4 Homicide determines		NAMES OF			Say or come of				
2 MEDICAL EXAM	and Joseph	EPHEN N- 40	NES, M.D.	n, death occured at the	e time, date and plan	, and due to	the cause(s)	and transac as stated. (Month, Day, Year)	
38. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	ROCKVILLE	MD 20	851			1	, .	
		The state of the s	5010						
DEC 01 1	993 32. ANGISTRAR'S SIG	door-Randal	2				Dente		

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FOR STATE REGISTRAR

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REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 3. TIME OF DEATN YEAR Edward Handford aM November 993 5:00 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year Aug 21, IF UNDER 1 YEAR IF UNDER 24 HRS 8. BIRTNPLACE (State or Foreign 1 M 2 F DAYS HOURS 214-10-5652 85 Maryland Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR Frederick Memorial Hospital Frederick Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Frederick Frederick permit. 1 X YES 2 | NO 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? use as the burial-transit 886 Pontiac Avenue 21701 U.S.A. 24 hours after death. Page 6 may be retained by the hospital or attending physician. If filled in by the funeral director, page 5 should be detached for use as the buriat-tran-12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Pt

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES В 3 ₩ Widowed 4 Divorced White 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 8 Lineman Electric Power Company 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) 76 FOX Edith UMBERGER BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10 Mrs. Betty P. Rossi 886 Pontiac Avenue, Frederick, Maryland 21701 pe 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 4 Donation 5 Other (Specify) Lutheran Cemetery 11/20/93 Jefferson, Maryland examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home Kettl Kobesen MO0706 led in by the fi 106 East Church St., Frederick, medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata ahock, or heart fallure. List only one cause on each line. interval Between Onset and Death **IMMEDIATE CAUSE (Final** completely filled rial, cremation, disease or condition event, the Embolis PULMUNAFY
DUE TO (OR AS A CONSEQUENCE OF): executed within resulting in death) DIVISION OF VITAL RECORDS, P.O. BOX 68760, ot Right Foot attending physician and con mal Hygiene prior to burial, Ischemia traumatic CERTIFICATION Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING Diahetos CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 signed by the atten Health and Mental PART ii. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS thas been signed by e Dept. of Health and m 23 shows any II PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? pheumunia 1 YES 2 100 1 YES 2 NO PHYSICIAN: HOSPITAL OR ATTENDING PHYSICIAN: The law 25. WAS CASE REFERRED TO MEDICAL EXAMINER? Hem 26. PLACE OF DEATH (Check only one) r this certificate h HOSPITAL: OTHER 1 YES 2 - NO atient 2 ER/Outpetient 3 DOA ne 5 🗆 Residence 8 🗀 Other (Specify) the 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO After ti BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER

(Chark only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. TO THE FUNERAL IS be filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 黑光 James A. Fryzll MD

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) D1663 2 November 18,1993 2 James A. Frizzell, M.D., 915 Tollhouse Avenue, Frederick, Maryland 21701 32. REGISTRAR'S SIGNATURE NOV 1 9 1993 Julia Savidson-Randella

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, I	Lest)						2. DATE OF DEATN		3. TIME OF DEATH	
	K	ENNETH GL	enn F1	NNEY	FROCK	, S	Sr.	NOV. 19.	1993 YEA	9:00 AM	
	4. SOCIAL SECURITY NUMBER	5. SEX	5. AGE (In yrs. les	t birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8. B	RTHPLACE (State or Foreign	
	217-18-7090 Se. FACILITY NAME (If not institution,	1 M 2 F	74	YRS.		9b. CITY, TOWN OR LOCATION OF		March 12.	1919	MD	
DIRECTOR	106 East Stree	t			Thwmont				Frederick		
ដ	10a. STATE 10b. CC			10c. CIT	Y, TOWN OR I	LOCATIO	N N			10d. INSIDE CITY	
		ederick		The	wimont					1 YES 2 NO	
₹	10e. STREET AND NUMBER						CIP CODE			OF WHAT COUNTRY?	
FUNERAL	106 East Stree						1788		USA		
BY FU	11. MARITAL STATUS 1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES? 1	IT EVER IN U.S. AR I X YES 2 1 MAR OR DATES	NO NO	If y	es, speci		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		ACE — American Indian, slack, White, etc. specify:	
유	15. DECEDENT'S		16a, DE	CEDENT'S	USUAL OCCU	UPATION	CONT.	16b. KIND OF BU	SINESS/INDUSTF		
COMPLETED	(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 5	+) (G		work done duri se retired.) UNKNOW		of working	u.s./G	ovt. F	t. Detrick	
₹	17. FATHER'S NAME (First, Middle, Les	t)					18 MOTHER'S NA	ME (First, Middle, Melder			
Ö	Glenn Finneyfre	•						ie Finneys		lippian	
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	Street and		Route Number, City or Tox			
2	Pauline Finney			11000			rmont. MD				
	204, METHOD OF DISPOSITION		20b. PLACE	OF DISPO						r Town, State	
	1 🗘 Buriel 2 🗆 Cremetion 3 🗆 Ramoval from State other place)										
	4 Donation 6 Other (Specify) Weller United Methodist Church Cem., Thurmont, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Stauffer Funeral Home										
	23 PADT 1. Effer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, Approximate										
	shock, or heart failure. List only one cause on each line.									Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. Caudiconus of the Cause of Control of the Cause of Control of the Cause of Control of the Cause of Cause of Control of the Cause of										
	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY , 24b. WERE AUTOPSY FINDINGS										
MEDICAL	Huper	tersion						RMED? 2 (1)-110	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
÷ l									. 1		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient 3	□ DOA	OTHER:		CE OF DEATH (CH				
¥	27. MANNEB-OF DEATH	26a. DATE O	F INJURY	28b. TIR	NE OF 2	g Nome Bc. INJUI		8 Other (Specify) 28d. DESCRIBE NOW	INJURY OCCURE	0	
	1 Netural 6 Pending		Day, Year)	IN	JURY	WOR	K? S 2 NO				
ED BY	2 Accident Investige 3 Suicide 6 Could re 4 Homicide determin	28e. PLACE (OF INJURY — At he	ome, farm,	street, factory	_		281. LOCATION (Street City or Town, State	and Number or R	ural Route Number,	
COMPLETED	Compon only	PHYSICIAN: To the best of								use(s) and manner as stated.	
	296. BIGNATURE AND TITLE OF BER	prines.	12.1				29c, LICENSE NU	MBER	29d. DATE SIG	INED (Month, Day, Year)	
BE	X Sead	cooper	14Y)				D22	819		v. 19 1993	
٩	30. NAME AND ADDRESS OF PERSO	N WHO COMPLETED CAL	SE OF DEATH (ITE	EM 27) (7)/P	e, Print)	D N	LONT,	MD.		, , ,	
	31. DATE FILED (Marth Pay Year)	1993 Julia	AR'S SIGNATURE			/ 1	7		-1/6		

BALTIMORE, MARYLAND 21215-0020	rSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should th the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ID INCOMPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ,	The FLE DINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the filler second in the state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN	D MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / D	EPARTMENT OF		MENTAL HYGIEN		30 3040				
- 13	1. DECEDENT'S NAME (First, Middle, Lest)				2. DATE OF DEATH		3. TIME OF DEATH				
- 1		MARY KATHRYN	FRALEY		11 14						
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE (In yrs. lest bi		IF UNDER 24 HRS.	7. DATE OF BIRTH	0. BI	RTHPLACE (State or Foreign				
	213-40-4230	□ M 2 1 F 88	YRS. MONTHE DAYS	HOURS MIN.	3/17/1905		ryland				
	9a. FACILITY NAME (If not institution, give street			OR LOCATION OF D		9c. COUNTY O					
FUNERAL DIRECTOR	Citizens Nursing H	ome	Frede	rick		Fred	erick				
E C	10a. STATE 10b. COUNTY		10c. CITY, TOWN OR LOC	ATION			10d, INSIDE CITY				
픕	Maryland Freder	rick	Thurmont				LIMITS?				
A L	10s. STREET AND NUMBER	TOR		H. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?				
EB	13636 Catoctin Fur	nace Road		21788		U.S.	Δ				
3		WAS DECEDENT EVED IN ILE ADME	D 13. WAS DE		NIC ORIGIN? (Specify Yes		ACE — American Indian,				
BY F	1 Never Married 2 Married	FORCES? 1 YES 2 NO		pecify Cuban, Mexica S 2 XNO Specif	in, Puerto Rican, atc.)	В	leck, White, etc.				
	3 Widowed 4 Divorced			47	,		White				
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con	npleted) (Give	DENT'S USUAL OCCUPAT	ION ost of working	16b, KIND OF BUS	SINESS/INDUSTR	Y				
		College (1-4 or 5+)	NOT use retired.)	out or working							
M M	7 years	He	omemaker								
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle, Malden	Sumame)					
BE	Eugene Holt			Mary Fo	gle						
9	19a. INFORMANT'S NAME (Type/Print)		MAILING ADDRESS (Street								
-	Carol L. Humerick	136	636 Catocti	n Furnac	e Road Thu	rmont,	MD 21788				
	20s. METHOD OF DISPOSITION 1 N Burlet 2 Cremation 3 Removal	from State 20b. PLACE AND	DATE OF DISPOSITION (lame of		CATION - City o					
	4 Donation 5 Other (Specify)	Lewisto	own Cemeter	У	11/16 Lew	istown,	Maryland				
	21. SIGNATURE OF FUNENAL BERVICE LICENS	0/10/	22. NAME /	HD ADDRESS OF FA	LEY & SON	FIINERAT	HOMES, P.A.				
	Secret	Hailed			STREET TH						
	23. PART I. Enter the diseases, or com shock, or heart failure. List	plications that caused the degree					Approximate				
	shock, or heart failure. List IMMEDIATE CAUSE (Final		- 1	/ ~-		,,	Interval Between Onset and Death				
	resulting in death) - INGGROCHEUT Failure 3days										
1											
2	Sequentially list conditions. Due to 100 gs a consequence of: Allerio-Scherolte Cardio-Vascular Greine 109.										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSCOUENCE OF):										
8	cause. Enter UNDERLYING CAUSE (Disease or injury										
E	that initiated events	DUE TO (OR AS A CONSEQUE	ENCE OF):								
8	resulting in death) LAST										
	PART II. Other algnificant conditions of	ontribution to death but not me	ultingula the underlyis		n-at la man						
SAL	one of the original of the original of	Dosalliosal	1/10 1000	a Do see	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO				
ă		- Cigerang	Vascella resis to.	1. AFR	1 YES 2	□ DIA	COMPLETION OF CAUSE OF DEATH?				
Ξ		with mee	reses ra.	rgioe			1 TES 2 NO				
PHYSICIAN: MEDIC	25. WAS CASE REFERENCE TO MEDICAL										
<u>고</u>	EXAMINER?	OSPITAL:	OTHER:	LACE OF DEATH (Ch	eck only one)						
₹	1 VES 2 10 1 (Inpatient 2 ER/Outpatient 3		ne 5 🗆 Rasidence							
	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY W	JURY AT ORK?	28d. DESCRIBE HOW II	JURY OCCURED					
BY	2 Accident Investigation	00 81005 05 10 11 10 10		YES 2 NO							
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — At home, building, etc. (Specify)	, term, atreet, factory, offi	ca.	28f. LOCATION (Street a City or Town, State)	nd Number or Rui	al Route Number,				
COMPLETED											
릴		N: To the best of my knowledge, death									
Š	2 MEDICAL EXAMINER: O	On the basis of examination and/or inve	atigation, in my opinion,	death occured at the	time, data and place, an	d due to the caus	se(a) and menner as stated.				
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	D A		29c. LICENSE NUI	MBER	29d. DATE SIGN	IED (Month, Day, Year)				
	Bosnard OT	annos L		1)1340	9	D 11/1	6/93				
2	30. NAME AND ADDRESS OF PERSON WHO CO	OMPLETED CAUSE OF DEATH (ITEM 2	7) (Type, Print)		+		1				
	B.O. Thomas Jr. MD	228 North Marke	et Street I	rederick	, Maryland	21701					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE									
	NOV 17 1993	June Davidson-Man	raise								

Contract Co

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF H		MENTAL HYGIE	NE	3 35454			
	1. DECEDENT'S NAME (First, Middle, Last)	OBERT F	·F	REIE	RTSV	2. DATE OF DEATH	DAY 4-9	3. TIME OF DEATH 3. TIME OF DEATH			
	212-07-9502	SEX 6. AGE (In yrs. In 75		F UNDER 1 YEAR ONTHS DAYS	,1918	BIRTHPLACE (State or Foreign Country) New York					
TOR	99. FACILITY NAME (If not institution, give street Northwest Hospits RESIDENCE OF DECEDENT		9		allstown		9c. COUNTY Ba	of DEATH			
DIRECTOR	10a. STATE 10b. COUNTY Baltimo	ore	10c. CITY,	10c. CITY, TOWN OR LOCATION Reisterstown							
FUNERAL	10s. STREET AND NUMBER . 22 Bon Oak	Court		101. ZIP CODE 10g. CITIZEN OF WHAT COU 21136 U.S.A.							
B	11. MARITAL STATUS 1 Never Married 2 M Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 I IF YES, GIVE WAR OR DATES		If yes, sp-		NIC ORIGIN? (Specify) ean, Puerto Ricen, etc.) ily:	fes or No — 14.	RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) ((College (1-4 or 5 +)	Give kind of wor b. Do NOT use i	e kind of work done during most of working Do NOT use retired.) ertising Respesentative News Paper							
BE COM	17. FATHER'S NAME (First, Middle, Last) William Kends				18. MOTHER'S N	A. Young					
TO B	19a. INFORMANT'S NAME (Type/Print) Paul W. Freiert	11	902 Li	odellen	Ave.,	Reistersto	own, State, Zip Co wn, Md.	21136			
	20a METHOD OF DISPOSITION 1	from State cometery or	AND DATE OF		rk Dec.	7,1993 Sy	ocation — chy kesvill	or Town, State			
	21. SIGNATURE OF FUNEBAL SERVICE LICENS	andy		Eckh		eral Chap		21117 Md.			
CERTIFICATION	23. PART I. Entar the diseases, or complications that caused the daeth. Do not anter the mode of dying, such as cerdiac or respiretory arrest, Approximate interval Between Onset and Deeth Approximate interval Between Onset and Deeth Due to (or as a consequence of): Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Approximate interval Between Onset and Deeth Due to (or as a consequence of): OUE to (or as a consequence of): OUE to (or as a consequence of):										
PHYSICIAN: MEDICAL CE	PART II. Other eignificant conditions c	ontributing to deeth but not	reaulting in	the undarlying	j cause given ir		IN AUTOPSY DRMED? 2 NO	24b, WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (C	heck only one)					
YSI	1 D YES 2 NO	OSPITAL: Inpatient 2 ER/Outpatient	3 DOA 4			8 Other (Specify)					
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME C	Y WO	URY AT RK? 'ES 2 NO	28d. OESCRIBE HOW	INJURY OCCUR	EO			
PLETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At he building, stc. (Specify)	ome, ferm, stre			281. LOCATION (Stree City or Town, Stell	t end Number or I	Rural Route Number,			
COMPLE		N: To the best of my knowledge, d						suse(e) end manner ee stated.			
TO BIE	296. SIGNATURE AND TITLE OF CERTIFIER Why D - D 27157 29d. DATE SIGNED (Month, Day, Year) 12-4-93										
	30. NAME AND ADDRESS OF PERSON WHO & RAYNOLD D	PARTORI	NORT	4 VIDE	T HOSE	ITAL CEN	TER				
	DEC 6 '93	32. REGISTRAR'S SIGNATURE	dson-Man	rdell.							

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hos	ID A FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach.		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR	CTATE OF	AADVI AND	/ DEDAF	T11F1	T 05 H		4410				0.0	OCLEE
	1 - STATE REGISTRAR	SIAIE UF I	MARYLAND C	ERTIF					MENIA	REG. NO.		93	36455
	1. DECEDENT'S NAME (First, Middle, Last)									OF DEATH			3. TIME OF DEATH
	Bennita	Chars	hee	Forv	Nood				12	02	19	93	9:05P M
	4. SOCIAL SECURITY NUMBER	5. 9EX	6. AGE (In yrs. is	ist birthday)		R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign
	218 46 3174	1 🗌 M 2 🖾 F	95	YRS.	MONTHS	DAYS	HOURS	MIN.		th, Day, Year) -12-18		Country)	MD
- 3	9a. FACILITY NAME (If not institution, give				9b. CIT	Y, TOWN O	R LOCATI	ON OF D		12 10		TY OF DE	
OR	1024 Chesapea	ke Dr.	#3E			Ha	vre	de (Grac	e	H	larfo	rd
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT												
Ë		larford		10c. CIT	Y, TOWH	OR LOCAT		- 0-				2	10d. INSIDE CITY LIMITS?
	10e, STREET AND NUMBER	ariord				Hav			race				YES 2 NO
FUNERAL	THE RESERVE OF THE PROPERTY.	naalta Du	i 491	17		101.	. ZIP CODI		7.0		10g. CITIZ		IAT COUNTRY?
Ä	1024 Chesa:							210					SA
	1 Never Married 2 Married		YES 2 X		13	If yes, spe	ecify Cuba	n, Maxica	in, Puerto	N? (Specify Yes Rican, etc.)	or No-	14. RACE - Black,	- American Indian, White, etc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE V	AR OR DATES		- 1	1 TYES	2 🔀 NO	Specif	y:			Specify	White
	15, DECEDENT'S EDU		16a. Di	ECEDENT'S	USUAL (OCCUPATIO	N N		16	b. KIND OF BUS	INESS/INDL	ISTRY	
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5		Bive kind of a b. Do NOT us	work done se retired.,	during mos	st of working	ng .					
필	11			I	Tome	emak	er						
COMPLETED	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First								ME (First,	Middle, Malden	Sumame)		
BE									Agat	ha Dav	V		
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)												
F	Mrs. Virginia F.	Wetter		1000	Ch	esap	eake	Dri	ive,	Havre	de (Grace	e, MD 21078
	20a, METHOD OF DISPOSITION 1 23 Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	AND DATE	of biseo	SITION (Na	me of	lone	1 9		el Ai		n, State
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	DCI 2	ALL IV	_	NAME AN				1 1	el Al	Ι,	WID
	► (2):00 =	8. Z.	_>T+	_						neral l MD			
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, ehock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition)												
	resulting in death)									Justup			
	DUE TO (OR AS A CONSEQUENCE OF):											al	
ON	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):											30m30	
A	if any, leading to immediate cause. Enter UNDERLYING	DOE TO	(OH AS A CONSE	GUENCE OF	r):								
ERTIFICATION	CAUSE (Disease or Injury that initisted events	c	(OR AS A CONSE	QUENCE OF	F):								
E	resulting in death) LAST												
CE	d												
AL	PART II. Other algolificent condition	e contributing to	death but not	reaulting	In the u	nderlying	cause g	lven in	Part I.	24s. WAS AN PERFOR			VERE AUTOPSY FINDINGS
8										1 TYES 2		0	COMPLETION OF CAUSE OF DEATH?
M												1	☐ YES 2 ☐ NO
ž													
CEA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	eck only o	ne)			
Si	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient 3	DOA	OTHE	R: rsing Home	5 X Re	sidence	6 🗆 Oth	er (Specify)			
PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 X Natural 6 Pending	28a. DATE OF (Month, D		26b. TIM	E OF URY	28c. INJL WOF		1 40	28d. DE	SCRIBE HOW II	JURY OCCU	JRED	
BY	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE O	F INJURY — AI h	ome, farm, a	treet fac			,	281 1.00	CATION (Street a	nd Number o	e Burnt Do	the Marmhar
	4 Homicide 6 Could not be	building,	atc. (Specify)			,				or Town, State)	no momos e	, riorer rior	ite italiwe,
COMPLETED	29a. CERTIFIER 1 TO CERTIFYING PHYS	ICIAN: To the best of	my knowledge 4	anth accord	ad as at	Mana dia	and chic		4- 44				
MP	(Check only one) 2 MEDICAL EXAMINI												and manner on eleted
			A			- Januari, 44				piace, an			
BE	296. SIGNATURE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) Dec. 3, 1993												
2	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAUS	SE OF DEATH /ITE	M 27) /Topo	Drint)		1/	01/	15	4	► D€	· 3	, 1993

, M.D. P. O. Box 8, Havre de Grace, MD

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Louis Silverstein,

31. DATE FILED (Month, Day, Year) 06 '93

		FOR STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	STATE OF MAR				IEALTH A	Н	ENTAL HYGIEN REG. NO 2. DATE OF DEATH	E		6456
		Nannie	Mildred		FARLE	[I	ovember 2	, 199	3EAR	5:00 A. M
_		4. SOCIAL SECURITY NUMBER 231-24-8432	5. SEX 8. A	GE (In yrs. lest birth	RS. IF UNI	B DAYS	HOURS 24	MIN.	7. DATE OF BIRTH (Month, Day, Year)	.923	B. BIRTNPL Country	est Virgini
2, 3 should	TOR	90. FACILITY NAME (If not institution, give so 2939 Fry Road RESIDENCE OF DECEDENT	reet and number)		9b. Ci		ffers	OF DEA		9c. COUNT	rede:	ATN
permit. Pages 1,	DIRECTOR	10e. STATE 10b. COUNTY	rederick	100	c. CITY, TOWI	Jeii	erson			· · ·		IOd. INSIDE CITY LIMITS? I YES 2 XNO
isi	ERAL	100. STREET AND NUMBER 2939 Fry Road				101	ZIP CODE	1755	5 10g. CITIZEN OF			S.A.
YLAND 21215-0020 by the hospital or attending physician. be defached for use as the burial-transit at once.	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	1	If yee, sp		Mexican,	can, Puerto Rican, stc.) Bis			- American Indian, White, etc. : White
21215 ital or atten i for use as	COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			nd of work dor IOT use retired	e during mo	ON st of working		16b. KIND OF BU		STRY	
YLAND 21 by the hospital of the detached for at once.	COMP	17. FATHER'S NAME (First, Middle, Last)		ne	memak	er			E (First, Middle, Melden	OM e		
MARYLAND retained by the hospit s should be detached notified at once.	BE	Elmer Farley 194. INFORMANT'S NAME (Type/Print)		19b, MA	ILING ADDRE	SS (Street a			ie Akers	n. Stein Zin (Code)	
E, M.y be reta	5	Carol Fronzoli		158	45 010	l Fre	deric	k Rd	., Woodbi	ne, M	d. 2	
MORI		1 Donation 5 Other (Specify)	Blue	cemetery cremetor Le ridge	v or other plea	rial	Garde		ov. 6, 19	93 Pr	ospe	rity, W. Va
BALTIMORE, nours after death. Page 6 may be d in by the funeral director, page or removal.		21. SIGNATURE OF PUNERAL BERVICE LIC	C. Gasfr	rd M00	021	Kee	East	nd B	asford Furch Street	t. Fr	eder	
within 24 hours mpletely filled in the cremation, or referent, the media		23. PART I. Enter the diseases, or cahock, or heart failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	Ist only one cause of	sed the death, in each line. ACC		ar tha mo	da of dyling	y, such	as cardiac or resp	Iratory arre	at,	Approximate Interval Between Onset and Daeth
P.O. BOX 68 ath certificate be execute tending physician and color all Hygiene prior to burial or other traumatic	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
RECORD: v requires that the been signed by the t, of Health and M shows any inje	MEDICAL	PART II. Other eignificant condition D(BEP) M SUMMERS	e contributing to deat	h but not result	ding in tha	underlying	g cause giv	ren in Pa	PERFOR	RMED?	Al Co	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH? YES 2 NO
VITAL AN: The law tificate has b e State Dept. or item 23	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		ACE OF DEA	TH (Check	confly one)			
마 요 호두 이	PHYS	1 VES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Day, Yes	RY 28b	TIME OF	28c. INJ			Other (Specify)	NJURY OCCU	JRED	
DIVISION OF OR ATTENDING PHYS DIRECTOR: After this hours after death with Item 28 is marked	ED BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF INJU building, stc. (S	JRY — At home, to Specify)	nrm, street, fo		res 2 🗆 h	-	8t. LOCATION (Street of City or Town, Stete)	and Number o	r Aural Aou	ite Number,
	COMPLET		CIAN: To the best of my ki									
THE FUNE PLITA TO FIED WITHIN 72 MPORTANT: IF	BE	2 MEDICAL EXAMINE 29M SGNATURE AND TITLE OF CERTIFIER	Survel	ition end/or investi	igation, in m	opinion, d	29c. LICENS					Month, Day, Year)
FAR	5	30. NAME AND ADDRESS OF PERSON WHO Dr. Joseph Ashwa	COMPLETED CAUSE OF	Thomas	(Type, Print) John	son I	rive.	Fre	ederick, h	laryla	and 2	21702
		31. DATE FILED (MANY) DOWN 10073 199	32. REGISTRAR'S S									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If tem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTHAN		CEH	HIFICA	IE OF	DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH	· ·	YEAR	TIME OF DEATH	
	Anna G. H						111		b	93	1012 M	
	4. SOCIAL SECURITY NUMBER 411-28-7339		TO set bir		IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MONTHS DAYS HOURS MIN.			9-23		Country) TENNE	ACE (State or Foreign SSEE	
	Sa. FACILITY NAME (If not institution, give					OR LOCATION OF	DEATH		9c. COU	NTY OF DEA	тн	
OR	Peninsula Regi	onal			Sali	sbury			Wi	comi	co	
ᇈ	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT											
DIRECTOR	MARYLAND WICC	DMICO		PARSONSBURG						LIMITS?		
FUNERAL	32459 OLD OCEAN	CITY ROAD		101. ZIP CODE 21849					ZEN OF WH	AT COUNTRY?		
N	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	R IN U.S. ARMED)		ENDENT OF HISP			or No-	14. RACE -	- American Indian, White, etc.	
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OF				ecity Cuben, Mexic 2 X NO Spec		can, etc.)			White	
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DECED	ENT'S USUAL	OCCUPATION	ON	16b. i	UND OF BUS	HNESS/IND	USTRY		
9	Elementary/Secondary (0-12)	Itte. Do	tind of work do NOT use retire	d.)	isi or working							
MP	10	NURS	ING AS	SISTA	NT	NU	RSING	HOM	E			
	17. FATHER'S NAME (First, Middle, Last) BENJAMIN FRANKLI	N GRIFFIN				DELLA						
BE	19a. INFORMANT'S NAME (Type/Print)	19b. M	AILING ADDR	FSS (Street a	and Number or Run				Code			
2	CRYSTAL BERRIER								MD 21849			
1	20a, METHOD OF DISPOSITION			_				_				
3	20e, METHOD OF DISPOSITION 1 \(\text{A Burlal 2 } \) Cremation 3 \(\text{ Removal from State} \) 4 \(\text{Donation 5 } \) Quiter\(\text{Specify} \) \) 20b. PLACE AND DATE DISPOSITION (Name of carrelary, cramator) of other place) FOREST GROVE CEMETERY 12/1 PARSONS BURG, MI											
1 1	22. NAME AND ADDRESS OF FACILITY ZELLER FUNERAL HOME, P. O. BOX 3171											
	Hannel	Dec	lec	- b	LD OC	EAN CIT	AL HOM Y RD	E, P. SALT	SBUR	BOX 3	21802	
\Box	23 PART Enter the diseases, or	complications that cause	ed the death								Approximate	
	shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death											
	disease or condition											
1 1	a. Arterioscierotic Cardiovascular Disease year										years	
Z												
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	S A CONSEQUE	NCE OF):								
일	CAUSE (Disease or injury	c. DUE TO (OR A)	S A CONSEQUE	NCE OF								
Ē	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST										İ	
8		d										
A P	PART II. Other significant condition	ns contributing to death	but not resu	iting in the	underlying	g cause given i	Part i. 2	4a, WAS AN PERFOR			ERE AUTOPSY FINDINGS MILABLE PRIOR TO	
EDICAL	Chronic Obstr	uctive Pu	Imonai	cy Di	seas	e		YES 2		0	OMPLETION OF CAUSE F DEATH?	
ME	-									1	☐ YES 2 ☐ NO	
ä												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (C	heck only one)					
Si	1.305/ES 2 □ NO	1 Inpetient 2 ER/O	utpatient 3 💢 i	DOA 4 1		e 5 🗆 Residence	6 🗆 Other (Specify)				
F	27. MANNER OF DEATH	26a. DATE OF INJUR (Month, Day, Year	ry 20	Bb. TIME OF	28c. INJ WO	URY AT	28d, DESC	RIBE HOW II	JURY OCC	CURED		
B	1 Fending 2 Accident Investigation			М		res 2 NO					and the second	
8	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	PRY — At home, pecify)	farm, street, f	actory, offic	•	26f. LOCAT City or	TON (Street e Town, State)	nd Number	or Rural Rou	te Number,	
	29a. CERTIFIER 1 CERTIFYING PHYS	NOME TO BE A SECOND				-0.00	200	tor tare at				
COMPLET		SICIAN: To the best of my kn ER: On the basie of examina									nd manner as stated.	
EC	296. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE N	MBER		20d. DATI	F SIGNED /M	forth, Day, Year)	
m	Jahm 5G3	wheelden	Deput	ty M.	E.	D035				1-26		
5	39 HAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Print)							27	
	John T. Bulkeley, M.D., 108 Pine Bluff Rd., Salisbury, Md. 21801											
	31. DATE FILED (Morith, Day, Year) DEC - 2 93 32. MEGISTRAB'S SIGNATURE Julia Davidson-Aandsee											

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ig physician. he burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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5	重	등	ŧ
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last) A. PAULINE GRADI	AKA PAUL	LINE S. (GRADWEL	L		NF 100	YEAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER I YEA	IF UNDER 24 HRS.	NOVEMBER 2	5,199		2:25 A M ACE (State or Foreign		
	078-03-2473	1 D M 2 KF	73 YRS.	MONTHS DAY		(Month, Day, Year) APRIL 7, 1		Country)			
	Se. FACILITY NAME (If not institution, give	street and number)	96. CITY, TOW	N OR LOCATION OF D	EATH	9c. COUN	TY OF DEAT				
DIRECTOR	11808 GRANDVIEW	AVENUE		SIL	ER SPRING		MONTGOMERY				
<u> </u>	10a. STATE 10b. COUNT	TY	10c. CIT	Y, TOWN OR LO	CATION			10	d. INSIDE CITY		
		NTGOMERY		SILVER					LIMITS?		
ੋਂ	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF WHA	T COUNTRY?		
<u> </u>	11808 GRANDVIEW	AVENÚE			209	02		USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E FORCES? 1	13. WAS [ECENDENT OF HISPA specify Cuben, Mexico	NIC ORIGIN? (Specify Ver	or No-	14. RACE -	American Indian, Thite, etc.			
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR			ES 2 X NO Specif		118	Specify: WHITE			
9	15, DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	work done during	TION most of working	16b. KIND OF BU	SINESS/INDL				
COMPLETED	Elementary/Secondary (0-12)	REGIST	ERED NU	RSE	MEDICIN	IE/HOS	SPITAI				
ON	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maiden	Sumeme)				
	LAWRENCE SHA	ANNON				M. McDERMO					
BE	19e. INFORMANT'S NAME (Type/Print)		ADDRESS (Street		Route Number, City or Tow		Code)	20902			
2	ROBERT J. GRADWE	ELI.			IEW AVENU						
	20a METHOD OF DISPOSITION		20b. PLACE AND DATE								
	1 🖾 Buriel 2 🗆 Cremetion 3 🗆 Rer 4 🗆 Donation 5 🗀 Other (Specify)	moval from State	GATE OF H								
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE		22. NAME AND ADDRESS OF FACILITY FRANCIS J. COLLINS FUNERAL HOME, INC.							
	Timothys	D. Cam	phill			Y BLVD., W.					
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
	DART II Other classificant and dist										
PHYSICIAN: MEDICAL	PART II. Other arginicalic conduct	ins contributing to de	ath but not resulting	PERFORMED? 1 YES 2 NO OF DE					ERE AUTOPSY FINDINGS ALLABLE PRIOR TO DMPLETION OF CAUSE DEATH? YES 2 NO		
¥	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	eck only one)					
	EXAMINER?	HOSPITAL:	R/Outpetient 3 DOA	OTHER:	ome 5 Residence						
	27. MANNER OF DEATH	28e, DATE OF IN.	JURY 28b. TIN		NJURY AT	28d. DESCRIBE HOW I	NJURY OCC	URFO			
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year) IN.	JURY	WORK? YES 2 NO			01120			
	3 Suicide S Could not be determined	26s. PLACE OF IP building, etc	NJURY — At home, farm, (Specify)	street, factory, o	fice	28f. LOCATION (Street City or Town, State)	and Number o	or Rural Rout	e Number,		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the best of my	knowledge, death occurr	red at the time, d	ete end place, end due	to the cause(e) and ma	nner as state	d.			
NO.	one) —	IER: On the basis of exam							nd manner as stated.		
TO BE	10	Ja gree	-		29c. UCENSE NU	MBER 3	29d. DATE	SIGNED IM	9 3		
-	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE	OF DEATH (ITEM 27) TYPE	Print) PM	KOK, SIL	VER SPRIVE	s. any	20	902		
	31. DATE FILED (Month, Day, Year) NOV 2 9 1993	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE									
											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	REGISTRAR CERTIFICATE OF DEATH REG, NO.						
	1. DECEDENT MARKE (FINE MINISTRAL CONT.) CAREL 2. DATE OF DEATH MONTH 25/93 YEAR 7:20 P	м					
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) F UNDER 1 YEAR F UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Visar) 1 💢 M 2 🗆 F 71 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Visar) R. BIRTHPLACE (State or Foreign Country)						
	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH	_					
DIRECTOR	HEBREW HOME OF GREATER WASHINGTON ROCKVILLE MONTGOMERY						
Ä	10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY						
	MARYLAND MONTGOMERY CHEVY CHASE						
¥	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY?						
5	4823 CUMBERLAND AVE. 20815 UNITED STATES						
BY FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuban, Maxican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No- If yes, specify Was or No- If yes, specify: WHITE						
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16s. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working						
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +) We. Do NOT use retired.)						
MP	4 DIPLOMAT COMMERCE DEPARTMENT						
	17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname)						
BE	MAX GAREL SARAH KRAMER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number of Burn) Pourte Number Clin or Town State Tip Code)	_					
2	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MILDRED GAREL (WIFE) 4823 CUMBERLAND AVE., CHEVY CHASE, MD 20815						
1	206. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of Disposition Characteristics of Disposition Characteri	-					
	1 X Buries 2 Cremation 3 X Removal from State Connection 5 Other (Specify) ARLINGTON NATIONAL CEMETERY 11/30 ARLINGTON, VA	ł					
	11. HIGHATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	-					
d	DANZANSKY-GOLDBERG MEMORIAL CHAPELS 1170 ROCKVILLE PIKE, ROCKVILLE, MD 20852						
\dashv	22 DADT I Enter the diseases or smallesters that sound the data.	\dashv					
	shock, or heart failure. List only one ceuse on each line. Interval Between Onset and Death						
ļ	disease or condition	2					
z	Sequentially list conditions To CORONARY ARTERY DISEASE						
CERTIFICATION	Sequentially list conditions, Due to (or as a consequence of): If any, leading to immediate cause. Enter UNDERLYING						
S	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):						
E	resulting in death) LAST						
	d.						
PHYSICIAN: MEDICAL	PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 248. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2 NO						
ž		-					
ĕ	28. PLACE OF DEATH (Check only one)						
Ž.	1 YES 2 NO HOSPITAL: 1 Input lent 2 ER/Outpatient 3 DOA OTHER: 4 Nursing Nome 5 Residence 6 Other (Specify)						
	17. MANNER OF DEATH 1 Natural 5 Pending 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DE\$CRIBE NOW INJURY OCCURED	٦					
à	2 Accident Investigation T YES 2 NO	4					
COMPLETED	3 Suicide 4 Homicide 8 Could not be detarmined 8 Could not be detarmined 288. PLACE OF INJURY — All home, farm, street, factory, office building, etc. (Specify)	1					
۳	9e. CERTIFIER (Check only) CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	4					
ž I	(Check only one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	1					
	96. SCHADOR AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)	4					
) BE	Made. Attending Physician 17-18084 11/26193						
٥	O. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2) (Typa, Print)	7					
	D.D. PATELM.D. 6121 MONTROSE RD. KOCKVILLE MD 20852	1					
	NOV 2 9 1993 Silva Davidson-Annalle						

should	215-48-455	1 M 2 WF 9	YRS. MONTHS	DAYS HOURS MIN.	(Month, Day, Year)	107	Canada
1, 2, 3	ANNE Arundel	Medical Cen	ter A	nuapolis		ANN	Α .
Pages	10a. STATE 10b. COUNT		10c. CITY, TOWN	7777			10d. INSIDE CITY LIMITS?
-	Maryland Mont	gomery	Beth	esda		_	NX YES 2 □ NO
	8300 Thoreau Dr	ivo		101. ZIP CODE 20034		U.S	OF WHAT COUNTRY?
burial-transit perm	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S.	ADMED 12	3. WAS DECENDENT OF HISPA	NIC ODICING POSSILL V		
10 the by 10 the	1 Never Married 2 Married	FORCES? 1 YES 2, IF YES, GIVE WAR OR DATES		If yes, specify Cuban, Mexic 1 YES 21 ND Speci	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: aucasian
or use as	15. DECEDENT'S EDI (Specify only highest grad		. DECEDENT'S USUAL (Give kind of work done	e during most of working	16b. KIND OF B	USINESS/INDUS	
P 9	Elementary/Secondary (0-12)	College (1-4 or 5+) 2	Homemak	.)			
detach detach COM	17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Meide	n Surname)	
	William Gerard H	amilton Gilpin		Ellen	Clayton		
5 should notified TO BE	19a. INFORMANT'S NAME (Type/Print)			ss (Street and Number or Rural Bluff Way			
be n	Godfrey Robert G				Arnold,		
must	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ren	20b. PLA cemetery.	CE AND DATE OF DISPO , crematory or other place	e) Geo. Wash.	11/22	OCATION - City	
direc	4 Donation 5 Other (Specify)	Unit	* Mod Cont		1002 Wd	shingto	n. D.C.
oral examiner must be	51/1.4	1/	_ 9	Columbia Mort 225 Missouri	uary Servi	ces, In	C. 20044
the f	- Janua	o (Cer our					
2 2 2	23. PART I. Enter the diseases, or ehock, or heart failure.	Liet only one cause on each	line.	er the mode of dying, suc	ch as cardiac or rea	piratory arrest	Approximata Interval Between
E 0 2	IMMEDIATE CAUSE (Finel disease or condition	1					Onset end Dea
completely fille ial, cremation, c event, the	resulting in death)	a. DUE TO OR AS A CON	M (A				Se condi
a			SEGUENCE DI J.				
sician and orior to buri traumatic	Sequentially tist conditions, if any, leading to immediate	DUE TO (DR AS A CON	ISEDUENCE OF):				
	cause. Enter UNDERLYING	G					
ry, or other traumatic CERTIFICATION	CAUSE (Disease or Injury that initiated evente resulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):				
2 31	PART II. Other eignificent condition		ot resulting in the u	underlying cause given in	Part I. 24a. WAS A	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDING
5 6 5	Denut				1 _ YES	2 ZNO	COMPLETION OF CAUSE OF DEATH?
							1 TYES 2 NO
Dept. of 23 sho							
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OTHE	26. PLACE OF DEATH (C	heck only one)		
or I	1 VES 2 NO	1 Inpatient 2 ER/Outpatien	R 3 DOA 4 N	ursing Home 5 - Residence			
DIRECTOR: After this certificate hours after death with the State Item 28 is marked, or Item LETED BY PHYSIC	27. MANNER OF DEATH 1/ Natural S Pending 2 Accident Investigation	26s. DATE DF INJURY (Month, Day, Year)	20b. TIME OF INJURY M	28c. INJURY AT WORK? 1 YES 2 ND	28d. DESCRIBE HOW	INJURY OCCUR	ED
M 28 is ETED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, atreet, fa	ectory, office	28f. LOCATION (Stree City or Town, Staf		Rural Route Number,
32 = X		ICIAN: To the best of my knowledge ER: On the basis of examination and					suse(s) and manner as stated.
Within Within BRTANT	296. SIGNATURE AND THEE OF CENTIFIE	1		29c. LICENSE NU	MBER	29d. DATE SI	GNED (Month, Day, Year)
5 5 m	Att "	co		125	812	11/	20/93
2 2 0	30. NAME AND ADDRESS OF PERSON WE	HD COMPLETED CAUSE OF DEATH		MICH. 16	ad icyo	1.	
, ages	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR Julia Davidson-Man	Leve				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REG. NO.

2. DATE OF DEATH MONTH | DAY

1 - STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year) NOV 29

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH DONALD GRUMBINE 2235 -RANCIS 11 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1 😾 M 2 🗆 F HOURS YRS. 214-10-3045 76 Mav 191 Maryland permit. Pages 1, 2, 3 should 9s. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR 9413 Boulder Road Frederick Frederick 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Frederick 1 - YES 2 - NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? for use as the burial-transit 9413 Boulder Road 21702 U.S.A. attending physician 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YYES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 0 14. RACE -- American Indian, Black, White, etc. 1 Never Married 2 Married
3 Widowed 4 Divorced If yes, specify Cuban, Mexican, Pr 1 YES 2 NO Specify: BY ‱w: White World War II COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during most of working life. Do NOT use retired.) College (1-4 or 5+) detached 12 Purchasing Agent Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) the th 2 To à Edgar Allen GRUMBINE Nellie SWICK BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2205 Banner Hill Road, Allen T. Grumbine, Jr. Frederick, Md. 21702 ě 20s. METHOD OF DISPOSITION
1 □ Burlel 2 Ty Cremetion 3 □ Removal from State
4 □ Donation 5 □ Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION --- City or Town, State DATE must Smithsburg Crematory. 11/24/93 Smithsburg, Maryland medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P. A. Funeral Home Allan M00703 106 East Church St., Frederick, Md. ysician and completely filled in by the prior to burial, cremation, or removal. 21701 23. PART I. Enter the diseases, or complications that chused the deeth. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximata Interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE resulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury / the attending physical place of Mental Hygiene p Injury, or other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS of Health and I AVAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 - YES 2 NO OF DEATH? 1 YES 2 NO has been a Dept. of H PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL OTHER: 1 YES 2 | NO Inpatient 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 M Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? this ce with t 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO After t 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28 is 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) DIRECTOR: A COMPLETED 6 Could not be 4 Homicide III item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the FUNERAL D HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, de IMPORTANT. 29h AIGNATURE AND TITLE OF CERTIFIER ROBERTS M) 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Ties I D09367 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) W77951 Frederick Md 21701-4599 RRRRO BERTSM)

32. REGISTRAR'S SIGNATURE

4. SOCIAL SECURITY NUM	AVE C	ARBER							MONT	OF DEATH	AY //	YEAR 92	3. TIME OF DEATH
			6. AGE (In yrs. la	at birthday)	IF UNDER		IF UNDER		7. DATE	7. DATE OF BIRTH		6. BIRTNPLACE (State or Foreign	
214-28-739		1 □ M 2 🔯 F	68	YRS.	MONTHS	DAYS	HOURS	MIN.	Dec	7", "19	24	Mar	yland
Se. FACILITY NAME (# not							R LOCATI				T	JNTY OF D	EATN
	Frederick Memorial Hospita				F	rede	rick	7			F	reder	ick
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				10c. CIT	Y, TOWN O	R LOCAT	ION						10d. INSIDE CITY
Maryland Frederick				1	Fre	deri	ck						LIMITS?
10e. STREET AND NUMBER	<u> </u>					101	ZIP COD	E			10g. CIT	TIZEN OF W	HAT COUNTRY?
5939 Meado	w Road	1					217	701				U.S	S.A.
11. MARITAL STATUS		12. WAS DECEDER	T EVER IN U.S. AI							I? (Specify Ye	a or No-	14. RACE	- American Indian,
1 Never Married 2 3 Wildowed 4 Div		IF YES, GIVE	YES 2 X	NO			2 KNO			Rican, etc.)		Speci	White
15. DE	CEDENT'S EDU	ICATION COmpleted		ECEDENT'S					168	. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (College (1-4 or 5	554	Bive kind of u	se retired.)	unny mo	St OF WORRI	rg					
6				Home	make	r							
17. FATNER'S NAME (First, F			orners.				1		ME (First,	Middle, Melden		D.T.D.T.	2017
Glenn	John	WINGE						mma		Jane		RIPPE	CON
196. INFORMANT'S NAME (C1 •								ber, City or Tow			21798
Mrs. Kenda		t11n						reag					oro MD
20a. METNOD OF DISPOSI 1 M Buriel 2 Cremati 4 Donation 5 Othe	ion 3 🗆 Rem	novel from State	206. PLACE cemetery, on Restr	omatoni or o	ther place!			s 11	/15/			cick,	wn, state Maryland
21. SIGNATURE OF FUNER	AL SERVICE LI	21	MOO		Ke	eney	D ADDRE	ss of Fa	ord 1	P.A. F	uner	al Ho	
23. PART I. Enter the	MUN												FID ZI/OI
resulting in death) Sequentially list condi		DUE TO	OR AS A CONSE	OUENCE O	F):				, , , , ,				13 Mon
If any, leading to immediate cause. Enter UNDERLYING													
if any, leading to imme	rING	CAUSE (Disease or injury that initiated events resulting in death) LAST			F):								
if any, leading to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events	ring ury	DUE TO	(OR AS A CONSE										
If any, leading to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA	ring ury st	d		resulting.	In the un	el a els sles		ahian la	Dord I		LAISTARA	Laus	
if any, leading to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events	ring ury st	d		reaulting	In the un	derlying	g cause	given in	Part I.	24e. WAS AN PERFO 1 YES	RMED?	246	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
If any, leading to immediase. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other algnific	st condition	d		reaulting	in the un					PERFO	RMED?	246.	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
If any, leading to immeause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER?	st condition	d	death but not		OTHER	28. PL	ACE OF D	EATN (Ch	eck only o	PERFO: 1 YES :	RMED?	246	MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
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If any, leading to immeasus. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other algnific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 5 Accident 3 Suicide 6 4 Homicide	TO MEDICAL Pending Investigation Could not be determined	HOSPITAL: 128e. DATE O (Month, I) 28e. PLACE	ER/Outpatient : FINJURY — At h. stc. (Specify)	3 DOA 28b. TIM IN.	OTHER 4 Nurs BE OF JURY M atreet, factor	28. PL I: ling Hom 28c. INJ WO 1	ACE OF D • 5 Representation of the second o	PEATN (Ch	6 Other	PERFOI 1 YES: (Specify) SCRIBE HOW ATION (Street or Town, State	INJURY OC	DCURED or or Rural H	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 ☐ YES 2 ☐ NO
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

30. NAME AND ADDRESS OF PERSON WID

9 193

31. DATE FILED (Month, Day, Year)

	ges 1, 2, 3 should		
physician.	burial-transit permit. P.		
In PITE/CIAN: The law requires that the death certificate be executed within er hours after death. Page 6 may be retained by the hospital or attending physician.	The certificate has been signed by the statenting patients attending patient attending patient. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.		nce.
s may be retained by th	tor, page 5 should be o		meries, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ours after death. Page (In by the funeral direc	n removal.	nedicai examiner m
executed within an no	in and completely filled	The State Dept. of nearest and mental nygiene prior to build, cremation, or removal.	umatic event, the n
the death certificate by	the attending physicia	Melital riguelle prof	injury, or other tra
The law requires that	te has been signed by	ile Dept. of neatti am	em 23 shows any
E PHISICIAN:	It this certifica	ME DIE DE	marked, or its

		CERT	IFICAT	E OF DI	EATH		REG. NO.			
CALETIAN AA	0	Galia	no			2. DATE MONTH	OF DEATH DAY		YEAR 3	TIME OF DEATH
SOCIAL SECURITY NUMBER	S. SEX La.	. AGE (In yrs. last birthde		R 1 YEAR F	UNDER 24 HRS.	7 DATE	25 DE BIRTH	7	O	ACE (State or Foreign
339 16 9639	1 DM 2 DF	7/ YRS	MONTHS	1	JPS MIN.		Day, Year)	2	Country)	nois
. FACILITY NAME (If not institution, give	e etreet end number)		96. CIT	Y, TOWN OR LO	CATION OF D	EATH	We	9c. COUNT	TTTT	
toward County Gar	n. Hospital		i	plumb	ta Mo	1		HO	ware	1
STATE 10b. COUN	TY /	1	OUTY TOWN	OR LOCATION						
Md,	Horard	100.	BIII	. 11 0	W					Od. INSIDE CITY
e. STREET AND NUMBER			- / / /	10f. ZIP	CÓDE			10a. CITIZI		T COUNTRY?
9550 Westwo	vd court			1011 401	1043		100		S.A	
. MARITAL STATUS	12. WAS DECEDENT E		13.	. WAS DECENDE				or No-	14. RACE -	- American Indian, White, stc.
Never Married 2 ☐ Married ☐ Widowed 4 ☑ Divorced	FORCES? 1 IF YES, GIVE WAR			If yes, specify 1 ☐ YES 2 🔯			lican, etc.)		Black, V Specify:	
									Whit	e
15. DECEDENT'S ED (Specify only highest gra-	de completed)	16e. DECEDEN (Give kind life. Do NO	T'S USUAL C of work done T use retired.)	OCCUPATION o during most of	working	16b.	KIND OF BUSI	NESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Salesp				A	dverti	cino		
FATHER'S NAME (First, Middle, Lest)					MOTHER'S NA		fiddle, Maiden S			
Thomas Gaines					Wava F					
e. INFORMANT'S NAME (Type/Print)		19b. MAIL	INO ADDRES	SS (Street and N			er, City or Town,	State, Zip C	Code)	
Sherri G. Kelb	augh	1233	0 Bon	ncrest	Drive	Reis	tersto	wn MD	211	36
a. METHOD OF DISPOSITION By Burlel 2 Cremation 3 Re	emoval from State	20b, PLACE AND DA	TE OF DISPO	SITION (Name of		DATE	20c. LOC	ATION - C	ity or Town	n, State
Donation 5 Other (Specify)		Crestlaw	or ourior proces	31	4 4	0.0				1 100
		T OT COLTAIN				-29-	93 Mar	riott	SV1L	le MD
SIGNATURE OF FUNERAL SERVICE I	LICENSEE	-0	22	. NAME AND AI	DORESS OF FA	CILITY				Ie MD
Harry 9	N. Witz	The .	22 H	Harry H	Witzk Lumbia	ce Fu	neral l	Home	Inc City	
Harry 9	A. With	Raused the deeth. D	22 H	Harry H	Witzk Lumbia	ce Fu	neral l	Home	Inc City	MD 21043
3. PART I. Enter the diseases, or shock, or heart fellure	r complications that c	aused the deeth. D	H 4 to not ente	Harry H	Witzk Witzk lumbia dylng, sud	ce Funda Piko	neral l e Ellic Mac or reapin	Home cott atory arre	Inc City	MD 21043
3. PART I. Enter the diseases, or shock, or heart fellum	or complications that e. List only one days	aused the deeth. Do on each line.	22 H 4 o not ente	Harry H	Witzk Witzk lumbia dylng, sud	ce Funda Piko	neral l e Ellic Mac or reapin	Home cott atory arre	Inc City	MD 21043 Approximate interval Between
3. PART I. Enter the diseases, o shock, or heart fellure	a. O V O DUE TO (OI	aused the deeth. Do on each line.	22 H 4 To not ente	Harry H	Witzk Witzk lumbia dylng, sud	ce Funda Piko	neral l e Ellic Mac or reapin	Home cott atory arre	Inc City	MD 2104: Approximate interval Between Onset and De
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COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 10632 Pleza, Suite 424, Colu

32. REGISTRAR'S SIGNATURE
Line Davidson-Randalls

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BALTIMORE, MARYLAND 21215-0020

OR ATTENDING

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ie nospital of attending presidan.	letached for use as the burial-transit permit. Pages 1.2.3 should		ince.
the state of the s	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Panes 1 2 3 shy	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
1	DIRECTOR	ours after	lem 28

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR Paul Gene Gil1 30, Oct. 1993 9:00 A M 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) West Virginia IF UNDER 1 YEAR | IF UNDER 24 HRS DAYE HOURS 235-50-0357 1 X M 2 - F 60 YRS. 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 12209 Timber Run Court DIRECTOR Monrovia Frederick RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Frederick Monrovia 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12209 Timber Run Court 21770 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Ri 1 ☐ YES 2 ☑ NO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES BY SpecHy: White 3 Widowed 4 Divorced 1956-1961 COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Vitro Corporation 12 Electrician 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) Burnes Edward Gill Esta Nordella BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 21770 Elsie M. Gill 12209 Timber Run Court. Monrovia, Maryland 20s. METHOD OF DISPOSITION

© Burlel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) OATE 20c. LOCATION — City or Town, State 25043 20b. PLACE AND DATE OF DISPOSITION (Name of 11/3 Clay, West Virginia Gray Cemetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Williams Olin L. Molesworth, P.A., Funeral Hm. Nobert L Damascus, Maryland 20872-0117 23. PART /. Emer the diseases, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or haart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 5-0919 CERTIFICATION 176 4.5K3 525 Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 1 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** OTHER:
4 □ Nursing Home 5 Residence 6 □ Other (Specify) HOSPITAL: 1 | YES 2 | WO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 2ad. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO ΒY 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined BE COMPLETED 4 Homicide 29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the cause(s) and manner ee stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Nov. 1, 1993 1014626 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) P. Gregory Rausch, M.D., 501 West 7th Street, Frederick, Md. 21701 31. DATE FILED (Month, Day, Year) 32. REGISTRAN'S SIGNATURE
JULIA DAVIDSON-RANDER

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	
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AL OR A	L DIRE	2 hours	IANT: If Item 28 is ma
HOSPIT	FUNERA	within 7	TANT:
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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1 - STATE REGISTRAR	STATE OF MARY			OF DEATH		GIENE G. NO.	23 3040
1. DECEDENT'S NAME (First, Middle, Last) AKA BABI: NIMOON	BABI NIMOON		JDDHU		2. DATE OF OE MONTH	DAY	93 11:50 P
4. SOCIAL SECURITY NUMBER 219-11-8254		E (In yrs. last birthday) 7 YRS.		EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIF (Month, Day, JUNE 2	тн	8. BIRTHPLACE (State or Foreign Country) GUYANA
9a. FACILITY NAME (If not institution, give str	reet and number)			OWN OR LOCATION DE D	EATH	9c. COUN	TY OF DEATH
710 ROEDER ROAD	# 603			VER SPRING		MONT	GOMERY
MARYLAND MO	NTGOMERY	10c. Cl	TY, TOWN OR I	location VER SPRING			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER		101. ZIP CODE			10g. CITIZ	EN DF WHAT COUNTRY?	
710 ROEDER ROAD #	MILLS APPART	I do vin	20910			USA	
1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If y	S OECENDENT DF HISPA ps, specify Cuban, Mexic YES 2 Z-NO Spec	an, Puarto Rican,		14. RACE — American Indian, Black, White, etc. Specify: EAST INDIAN
15. OECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (t-4 or 5+)	16s. OECEDENT'S (Give kind of life. Do NOT to	work done duri use retired.)	IPATION ng most of working	16b. KIND	OF BUSINESS/INDU	
17. FATHER'S NAME (First, Middle, Last)					AME (First, Middle,	,	
ABDUL RAHIM KHAN 190. INFORMANT'S NAME (Type/Print)		105 MAII INI	n Anneces /	SYDAN treet and Number or Rural		ODHU	0-41
MUHAMMAD HARUN KH	AN						ING, MD. 20901
20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Remo	val from State	Ob. PLACE AND DATE	OF DISPOSITION	ON (Name of	DATE	20c. LOCATION — C	City or Town, State
4 Donation 5 Other (Specify)		EORGE WA	<u>SHINGT</u>	ON CEMETER		ADELPHI	, MARYLAND
· Bobut	FKan	alle	FRA	NCIS J. CO	LLINS F		OME, INC. SPR.,MD.20901
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR/AS	B A CONSEDUENCE CO	OF):	RE - (ard.	ec ARR	Past
PART II. Other algorificant conditions		but not/resulting		rlying cause given in		MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE DF DEATH (C	heck only one)		
1 TYES 2 NO	1 Inpetient 2 I ER/O		4 🗆 Nursin	Home 5 Residence	1		
1 Natural 5 Pending	(Month, Day, Year		JURY	C. INJURY AT WORK?	28d. DESCRIBE	HOW INJURY OCC	URED
2 Accident Investigation 3 Suicide 6 Could not be detarmined	28a. PLACE OF INJU building, atc. (S	RY — At home, farm, pecify)	street, factory	, office	26f. LOCATION City or Town		or Rural Route Number,
	CIAN: To the heat of my kn						ed, cause(s) and manner sa stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	Womyle	MD-		29c. LICENSE NU.	JMBER 566	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHE	ONTO LE	ZMD	1/05	Spring St	-UNITE	5.5.M	19209/0
31. DATE FILED (Month, Day, Year)	32. REGISTHAR'S SH	GNATURE Pandall					

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	PHYSICIAN:
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The DRIAN DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be not a new 2 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. Nurs after death, Page 6 may be retained by the hospital or attending physician. cuted within 24

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENE REG. NO.	9	3 36466	
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH DAY	Y YEAI	3. TIME OF DEATH	
	Harry	C.	Houser,			Nov. 28, 1	993	9:00am M	
	578-03-5616	5. SEX 6. AGE (F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Ybar) Aug. 15, 19		ATTHPLACE (State or Foreign unity) Shington, D.C	
	9a. FACILITY NAME (If not institution, give s	H - 0.		96. CITY, TOWN O	R LOCATION OF DE		9c. COUNTY O		
8	8200 Wisconsin Avenue				sda		Montg		
ECT	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY 10c CITY T			TOWN OR LOCAT	ION				
DIRECTOR		Total Off 1,					10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER			Bethesda 101. ZIP CODE			1 🕒 YES 2 NO		
FUNERAL	8200 Wisconsin AVenue			20814			U.S.A.		
5	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	a or No— 14. RACE — American Indian, Black, White, etc.		
B	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 🗆 YES	2 NO Specify		Specify: White		
8	15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEDENT'S U	SUAL OCCUPATIO	DN .	16b. KIND OF BUSI			
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+) life. Do NOT use re			retired.)	st or working				
₩.	12 clerk						d & Lothrop		
	17. FATHER'S NAME (First, Middle, Last) Harry Chester Ho	user				ME (First, Middle, Maiden S beth Collie			
BE	19a. INFORMANT'S NAME (Type/Print)	doci	19b. MAILING A	DDRESS (Street a	nd Number or Primt 6	Poute Number, City or Town,			
욘	William E. Cooley		APO AF Mannhe	09086 im, Ger	many		,		
	20a. METHOD OF DISPOSITION 1 ☐ Burlel 2 ☐ Cremation 3 ☐ Ram		PLACE AND DATE OF	DISPOSITION (Na		DATE 20c. LOC	ATION — City or	Town, State	
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIN	Mo	onocacy C	emetery			llsvill	e, Md.	
	SIGNATURE OF POWERAL SERVICE LA	0.0.	0		Funeral				
	pricial	D- Gell	why	2222 V	Visconsi	n Ave.,N.W.	,Washi	ngton,D.C.	
	23. PART i. Enter the diseasea, or ahock, or heart failure.	List only one cause on e	ach line.					Approximata interval Between	
	IMMEDIATE CAUSE (Fine) disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):								
	resulting in death) DUE TO (OR AS,A CONSEQUENCE OF):								
N	Sequentially list conditions, a within concluration heart also as								
ATIC	DUE TO (OR AS A CONSEQUENCE OF): (If any, leading to immediate cause. Enter UNDERLYING								
FIC	CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	R AS A CONSEQUENCE OF):						
CERTIFICATION	resulting in death) LAST	d							
AL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS								
CA	PERFOR					AED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
Æ						1 🗆 YES 2	5270	OF DEATH?	
Z.					-			1 1 120 1 110	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
ΙλSΙ	1 YES 2 NO	1 Inpatient 2 ER/Outp	etlent 3 DOA 4			8 Other (Specify)			
	27. MANNER OF DEATH 1 😿 Natural 5 🗌 Pending	(Month, Day, Year)	28b, TIME	YY WOI	RK?	28d. DEŞCRIBE HOW IN	JURY OCCURED		
ВУ	2 Accident Investigation 3 Suicide 8 Could not be	28e PLACE OF INITIDY — At home form street feeting affice.			281, LOCATION (Street ar	18f. LOCATION (Street and Number or Rural Route Number,			
TE	4 Homicide detarmined building, etc. (Specify)								
COMPLETED	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated,								
NO.	one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.								
BE C	296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED Month Apr., Year)								
10	marry	waller			1/2	068	12	11/75	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 82/8 Wisconsin Av,								
	31. DATE FILED (Month, Day, Year)	HEGISTHAR'S SIGN	ATURE				-		
	DEC 0 3 1993	d procedurated	- Indiana						

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	The law requires that the death cartificate he executed within
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te 6 may be retained by 1	irector, page 5 should be		NT. If them 28 is marked, or them 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
ours after death. Pay	d in by the funeral d	or removal.	medical examine	
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requires that the d	been signed by the	. of Health and Mer	shows any Injur	
PHYSICIAN, The law	this certificate has	The second with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	riced, or Item 23	
DR ATTENDING	DIRECTOR: After	hours after death	item 28 is mai	
STATE OF	NEB A	8	NT: II	

1. DECEDENT'S NAME (First, Middle, Last	0		CERTIFI					REG.	4		3. TIME OF DEATH
LAURA COLES HUGHES								nth /EMBER	24	1993	9:55 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	z. last birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. DA	TE OF BIRTH		8. BIRT	HPLACE (State or Foreign
578-18-4347	1 M 2 X F	80	YRS.	MONTHS	DAYS I	HOURS MIN.		onth, Day, Yea 1. 15,		Vir	ginia
6a. FACILITY NAME (If not institution, give atreet and number)				9b. CITY, T	OWN OR	LOCATION OF		23,		DUNTY OF	- 12
PRINCE GEORGE'S HOSPITAL CENTER				CHEV	ERLY	Y			F	PRINCE	E GEORGE'S
IOe. STATE 10b. COUN	ITY			10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
				shington, D.C.							14 YES 2 NO
190 / Trimate Change N II				101. ZIP CODE 10g. CITIZEN OF WHAT (WHAT COUNTRY?			
1804 First Street, N.W.				20001							States
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			XNO	13. WAS DECENDENT OF HISPAN If yea, specify Cuben, Mexicar 1 YES 2 NO Specify				an, Pusrto Rican, etc.)			CE — American Indian, ok, White, etc.
15. DECEDENT'S ED		164	. DECEDENT'S L	JSUAL OCC	UPATION			6b. KIND OF	BUSINESS/		
(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)			(Give kind of work done during most of working life. Do NOT use retired.)					16b. KIND OF BUSINESS/INDUSTRY			
	2		Homema	ker				Но	me		
7. FATNER'S NAME (First, Middle, Last)						16. MOTHER'S N	AME (Fire	t, Middle, Ma	den Surname)	
Ackrafare Coles						Mary	Robi	nson			
9s. INFORMANT'S NAME (Type/Print)						Number or Rurs					
Nannie C. Cooper			728 Da	hlia	St.	N.W.	Wash	ingto	n, D.	C. 2	20012
De METHOD OF DISPOSITION Burial 2 Cremation 3 Re	movel from State	20b. PL/	ACE AND DATE O	F DISPOSITI	ON (Nem	e of	D	ATE 20c	LOCATION	— City or T	own, Stats
☐ Donation 5 ☐ Other (Specify)	A	Mar	y cremetory or oth yland N	lation	nal	Cemete	ry 1	1/30	Laur	el, M	ID .
H. SIGNATURE OF FUNERAL SERVICE L	LICENSEE)		McGuire Funeral Service, Inc.							
· Nec & Toru				7400 Georgia Ave. N.W. Wash. D.C. 20012							
disease or condition	STR	OKE	line.	si la	ter	al-	en aa e	erdiac or m	epiratory	erreat,	
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-	TO THEFANEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached with 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL		ITMENT OF HEALTH AND ICATE OF DEATH	MENTAL HYGIEI		3 36468	
	1. DECEDENT'S NAME (First, Middle, Last) Edwin F. 4. SOCIAL SECURITY NUMBER	Jutson ;	Edv	vin F. Hutson, S	II all	0 9	3 5 20 PM	
FUNERAL DIRECTOR	217-20-4771 18TM2 = 65 YRS.			MONTHS DAYS HOURS MIN.	(Month, Day, Year) 6(19/28	nar) Country)		
	ea. FACILITY NAME (If not institution, give street and number) Wash. Adv. Hosp			BL CITY, TOWN OR LOCATION OF Takona Park	DEATH	Monty of DEATH		
	10a, STATE 10b, COUNTY MD Priv	nce George	10c, CIT	Y, TOWN OR LOCATION Adelphi, MD			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
VERAL	10438 Knoll			101. ZIP CODE 2073		Unite	n of what country?	
BY FUI	11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, OIVE WAR OR DATES			13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi- 1 YES 2 ANO Specify	ANIC ORIGIN? (Specify Yes ean, Puerte Ricen, etc.) iiiy:	os or No —	s. RACE — American Indian, Black, White, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Marketing Representative Schmidt Baking Co							
	17. FATHER'S NAME (First, Middle, Last) Edward T. Hutson 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marie E. Rose							
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 10438 Knollwood Drive, Adelphi, Maryland 20783							
	206_METHOD OF DISPOSITION 1.0. Deursel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 11/30/95) 20c. LOCATION - City or Town, State cempter, gremation of the aven Cemetery Silver Spring, MD							
	21. SIONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hines-Rinaldi Funeral Home 11800 New Hampshire Ave Silver Spring MD							
	23. PART I. Enter the disease, or conshock, or heart feliure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	let only one ceuse on e	ach line.		ch as cardiac or resp	piratory arrea	Approximate Interval Between Onset and Death	
NO	Sequentially list conditions, DUE TO (OR ASIA CONSEQUENCE OF): Mychall Mychall Mychall Mychall							
CERTIFICATION	If any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						years.	
PHYSICIAN: MEDICAL CE	PERFORMED? 1 PYES 2 NO OF						24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PES 2 NO	
'SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO							
ВУ РНУ	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation 28a. DATE OF INJURY 28b. TIME OF INJURY WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO						RED	
	3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29a. CERTIFIER (Check only			red at the time, data and placa, and d				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PATICK Sterling DG., 12520 GOS

31. DATE FILED (Month, Pay, Year)

132 HEGISTRAR'S SIGNATURE

1993 Filed Davidson—Handelle

DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	rurs after death. Page 6 may be retained by the hospital or attending physician.
IMERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled thin 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, o	RERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mental Hygiene prior to burial, cremation, or removal.
TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	redical examiner must be notified at once.

Amended #20b, 20c, 12/3/93, GAS, Montgomery Co.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Lest) Bernic BERNICE HAYES	e Hayes	5	2. DATE OF DEATH MONTH! 1-25	-93 VEAR	3. TIME OF DEATH A			
	129-18-7017 1□ № 2 🖾 ೯	AGE (In yrs. lest birthday) 6 7 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day. Year) Dec 21,1	925 Nev	HPLACE (State or Foreign by) Jersey			
STOR	9a. FACILITY NAME (If not institution, give street and number) Suburban Hospital RESIDENCE OF DECEDENT		Bethesda		Montgor	ntgomery			
Ĭ I	10e. STATE 10b. COUNTY	10c, CITY	, TOWN OR LOCATION		10d INSIDE CITY				
FUNERAL DIRECTOR	Maryland Montgomery 10. STREET AND NUMBER	Ве	ethesda 101, ZIP CODE		10g. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 X YES 2 NO			
NER	10506 West Lake Driv		20817		U.S.A	Α.			
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 12. WAS OECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2 THO OR DATES	13. WAS OECENOENT OF HISPAL If yes, specify Cuben, Mexica 1 YES 2 X NO Specifi	in, Puerto Rican, etc.)	cfty Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: Black				
COMPLETED	15. DECEOENT'S EOUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. OECEOENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION work done during most of working a retired.)	16b. KINO OF BUS	INESS/INOUSTRY				
JAMC	17. FATHER'S NAME (First, Middle, Last)	Cosme	tologist	Beau ME (First, Middle, Meiden :		Lon			
BE C	Nathaniel Heidelb		La	ura Jarm	an				
5	196. INFORMANT'S NAME (Type/Print) (Son) Mr Carey Hayes		AODRESS (Street and Number or Rural Sweetgum Cir						
	20e_METHOD OF DISPOSITION 1 (A-Burlel 2 Cremetton 3 Removal from State 4 Donatton 5 Other (Specify)	cametery cremator of other	FOISPOSITION (Name of the Cem.	312/3 Si	ation – city or to	oring, Md			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE GIENWOod CPINAME AND ADORESS OF FACILITY 2/3 Washington, D.C. Snowden Funeral Home P.A. 20850 246 N. Washington St, Rockville,									
	23. PART I. Enter the diseases, or complications that ca	used the death. Do n							
	IMMEDIATE CAUSE (Final Resp.	on each lina. iratory // A 1/4 AS A CONSEQUENCE OF	Failure		atory arrest,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): Pulmonary Fibrosis 5270 Rheumatoid Arthritis 25770 OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
EDICAL (PART II. Other algnificant conditions contributing to dea	th but not resulting le	n the underlying cause given in	Part I. 24s. WAS AN / PERFORI		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE			
Ξ		□ NO	OF DEATH?						
PHYSICIAN:	25. WAS CASE REFERREO TO MEDICAL								
□ □	EXAMINER? HOSPITAL:		26. PLACE OF OEATH (Ch	eck only one)					
ΥS	1 YES 2 NO 1 Propertient 2 ER		4 🗆 Nursing Home 5 🗆 Residence	8 Other (Specify)					
ву Рн	27. MANNER OF SEATH 1 Natural 5 Pending 2 Accident Investigation		28c. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW IN	JURY OCCURED				
8	3 Suicide 6 Could not be determined 28e. PLACE OF IN building, etc.	JURY — At home, ferm, at (Specify)	reet, factory, office	281. LOCATION (Street or City or Town, Stete)	nd Number or Rural I	Route Number,			
COMPLET	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beet of exami					o) and manner se stated.			
	298. SIGNATURE AND TITLE OF ATTITION		29c, LICENSE NUN						
B	11/1/10/10/10		222/	715	294. DATE BIGNED	(Moren, Day, 16ar)			
2	30. NAME AND APORESS OF PERSON WHO COMPLETED CAUSE O	.D.	0/2261	U	11.7	5-73			
	1/5602 Shields D	1. Beth	exela, Med	208/7					
	31. DATERFILEO (Month, Day, Year) 32. REGISTRAR'S Julia Daydon	SIGNATURE							

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1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 93 36470

		1. DECEDENT'S NAME (First	, Middle, Last)	Roslyn	Carol	Heni	.a			- 1		of DEATH	28, 19	YEAR	9:30	ATH M
		4. SOCIAL SECURITY NUM	BER	5. SEX		. last birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or	Foreign
2		136-24-020		1 M 2 F	62	YRS. MONTHS DAYS HOURS MIN.						. 18,	1931	New New	York	
2, 3 should	FOR	90. FACILITY NAME (If not institution, give street and number) 10637 Montrose Avenue, #203 Bethesda Montgomery RESIDENCE OF DECEMENT 90. COUNTY OF DEATH Montgomery														
Pages 1.	DIRECTOR	10e. STATE	10b. COUNT	Υ		10c. CITY, TOWN OR LOCATION									od. INSIDE CIT	ΓY
		Maryland		tgomery		. !	Bethe	esda							UMITS? ☐ YES 2 🕅	O NO
it permit.	RAL	106. STREET AND NUMBER		Avenue #	1202			107. ZIP CODE 20814							AT COUNTRY?	
020 physician. burial-transit	FUNERAL	10637 Mont	T EVER IN U.S						ANIC ORIGIN? (Specify Yea or No. 14. RACE				States - American Inc			
9 8 9	ВУ	1 Never Married 2 3 Widowed 4 Dive			YES 2	2 NO If yes, specify Cuban, Mexi					xican, Puerto Rican, etc.) Black, softy: Specify:				white, atc.	
3	ETED	(Specify on	EDENT'S EDL y highest grade	e completed)		Give kind of	work done	during me		ng	16b, KINO OF BUSINESS/INDUSTRY					
W 2 2	PLE	Elementary/Secondary (3-12)	College (1-4 or 5		ousew:			ther			Own H	Ome			500
YLAND Sylve hospital by the hospital be detached for all once.	COMPL	17. FATHER'S NAME (First, A		·		OODOW.	110 /	1101		HER'S NA	ME (First,	Middle, Maide				
2 2 2 ×	BE (Maxwell		Dorothy						Herr						
MARYLAND retained by the hospit should be detached notified at once.	70	Robert Dwice	19b. MAILING ADDRESS (Street end Number or Rural Route Number, City							or Town, State, Zip Code)						
ORE, I 6 may be octor, page		20a. METHOD OF, DISPOSIT	ION	20b. PLA	20h PLACE AND DATE OF DISPOSITION (Name of				way	May, Columbia, MD 21046						
AOF ne 6 m rector,		1 Burlai 2 🛱 Cremetic 4 Donation 6 Dother	Dourban Crematory					11-	11-29 Silver Spring, Maryland							
BALTIMORE, s after death. Page 6 may be by the funeral director, page removal.		21. SIGNATURE OF FUNERA	Rapp Funeral Service						vices,							
BAL er dear the fun mal.		With-	M008	933 Gist Avenue, Silver Spring, M the death. Do not enter the mode of dylng, such as cerdiac or respiratory arrest,							MD 209	10				
ely filled in nation, or		shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eert fallure.	a. Metas	tatic_	_{llna.} Breast	:_Can								Approxir interval Onset ar	Between nd Death
BOX 68760, rate be executed with hysician and complet prior to burial, cre-	ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING														
P.O. B th certificat tending physical Hygiene p or other	CERTIFICATION	CAUSE (Disease or injuthat initiated events resulting in death) LAS	iny	DUE TO	TO (OR AS A CONSEQUENCE OF):											
DRDS, F that the death ed by the atte h and Mental amy injury, o	EDICAL C	PART II. Other algolifica	Other algnificant conditions contributing to deeth but not resulting in the underlying ca							PERFO			ORMED? AMAIL		PERE AUTOPSY MAILABLE PRIO	A TO
GEC quires n sign r Healt	Σ	1 □ YES 2 X) NO							F DEATH?							
Z3 pept	PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL					26. PI	LACE OF D	EATH (Ch	neck only o	ine)				
F VITA SICIAN: The certificate h h the State I	rsic	1 YES 2 NO		HOSPITAL:	☐ ER/Outpetien	it 3 🗆 DOA	OTHE 4 Nu		10 5 X R	esidence	6 🗆 Oth	er (Specify)				
〇支持書	ву РН	27. MANNER OF DEATH 1 (X) Natural 5 2 Accident	Pending Investigation	26e. DATE Of (Month, L	F INJURY Day, Year)	26b. Til	ME OF IJURY M	WC	URY AT ORK? YES 2 [] NO	28d. DE	SCRIBE HOW	INJURY OCC	URED		
DIVISION OR ATTENDING P DIRECTOR: After t hours after death item 28 is mar	ED	• D • · · · ·	Could not be determined		OF INJURY — A , etc. (Specify)	t home, farm,	street, fac	tory, offic			28f. LO	CATION (Street or Town, State	t end Number e)	or Rural Roo	ite Number,	
DIV THE HOSPITAL OR A TO THE CHIEFAL DIRECT TO THE THE TO THE	OMPLET	(Oriect Diriy		BICIAN: To the best of e											end manner ee	stated,
SOF 1	NEW YEAR	29b. SIGNATURE AND TITLE		Λ	An					ENSE NUI			,		fonth, Day, Yea	
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) managed	Notwo.	Frederick	Pearso	on Smith,	MD	5		West	ern	Ave,	NW	Wash	ingtor	n, DC	2001	5
		NOV 3 0	1993		AR'S SIGNATUR											
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR PHILLIP HOPKINS Η. NOV. 1993 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign Country) 47 MONTHS DAYS HOURS 1 XM 2 F 213-46-8600 YRS. 08-15-1946 Maryland Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Hyattsville Health Care Ct. Hyattsville PRINCE GEORGES RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Sandy Spring Montgomerv 1X YES 2 NO permit. FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 18465 Brooke Road for use as the burial-transit 20860 U.S.A. hours after death. Page 6 may be retained by the hospital or attending physician. ed in by the funeral director, page 5 should be detached for use as the burial-tran 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE - American Indian, Black, Whits, etc. FORCES? 1 YES 2 NO Never Married 2 Married Specify: Black IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complet 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 12th Laborer W.S.S.C. once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ħ Richard Hopkins BE Louise Howard notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 4710 Falcon St., Leanna Hopkins (Sister Rockville, MD 20853 9 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State must ASh Memorial Cemetery 11/30 Sandy Spring, MD 4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 nding physician and completely filled in by the Hygiene prior to burial, cremation, or removal. the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. Interval Betwe IMMEDIATE CAUSE (Finel HIV Onset and Death disease or condition executed within resulting in death) event, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): If sny, leading to immediate OSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be cause. Enter UNDERLYING CAUSE (Disease or injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 the atten injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS signed by the PERFORMED? AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 - YES 2 - NO 1 YES 2 NO has been a PHYSICIAN: item 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate hi HOSPITAL: OTHER: 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Homs 5 Residence & Other (Specify) 6 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED is marked, 1 Natural 1 YES 2 NO DIRECTOR: After the hours after death BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide item 29s. CERTIFIER
1 Check only
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. HUNERAL I MPORTANT 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and piecs, and due to the cause(s) and manner as stated. 29b. SHONATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month. 602 2 WHO COMPLETED CAUSE OF GEATH (TEM 27) (Type, Print) wu

320 REGISTRAN'S SIGNATURE

1993

1. DECEDENT'S NAME (First, Middle, Last)

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760, AL OR ATTEMBRIGHT PRINCIPAL The law requires that the death certificate be executed within

NN. If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF				3. TIME OF DEATH	
				t Clift		7				Nove	ember 8			12:45 P. M	
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	lest birthday)		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.			7. DATE OF BIRTH 8. BI (Month, Day, Year) Co			8. BIRTH Count	HPLACE (State or Foreign	
	213-42-2190		1 M 2 - F	50	YRS.				3.00	Oct	. 6, 19	43		land	
-	9e. FACILITY NAME (# not it					96. CITY, TOWN OR LOCATION O									
FUNERAL DIRECTOR	Frederic		1	Fred	erick	7	Frede				ick				
1	10a. STATE	10b. COUNTY	Υ		10c. CfT	Y, TOWN C	OR LOCA	TION						10d, INSIDE CITY	
5	Maryland	Fr	ederick		Frederick									1 YES 2 NO	
1	10e. STREET AND NUMBER				10f. ZIP CODE							WHAT COUNTRY?			
	128 South	h Marke	et Street	t. Apt.	3			21.7	701				S.A	S.A.	
5	11. MARITAL STATUS	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 5									N? (Specify Yes	s or No- 14. RACE - American Indian,			
5	1 Never Married 2 Married FORCES? 1 YES 2 To IF YES, GIVE WAR OR DATES				ŽΝΟ			ecity Cuber 2 NO			Rican, etc.)			Black, White, atc. Specify: White	
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				DECEDENT'S					188	. KIND OF BU	SINESS/IN	DUSTRY		
20111	Elementary/Secondary (College (1-4 or 5		(Give kind of life. Do NOT u	se retired.)	ounng mo	ost or worren	g						
	9	115			Desk	Clerl	ζ				Mote	1			
	17. FATHER'S NAME (First, A	Alddle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Maiden	Surname)			
			Edward 1	HARDING	, SR.			E	ffie	e Lal	Rue SM	ITH			
	19a. INFORMANT'S NAME (ral Route Number, City or Town, State, Zip Code)					
	Mrs. Mary R. Harding								red!	ederick, Md. 21701					
						OF DISPOS	SITION /N	ame of		DATE 20c. LOCATION — City or Town, Stens 11, 1993 Smithsburg, Marylan					
-		nsburg	Cre	mate	ory,N	oV.	11, 1	.9 9 3 St	niths	burg	g, Maryland				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE All an H MOO703 22. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home									nme					
	MOO703 Reefley & Bastord P.A. Fulleral Hollie 106 East Church St., Frederick, Md. 21701 23. PART I. Enter the diseases, or complications affect caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate														
VERTILI IONI IONI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):														
	d														
	PAHI II. Other significa	ant condition	e contributing to	death but no	t resulting	in the ur	nderlyin	g cause g	liven in	Part i.	24a. WAS AN PERFOR	RMED? AMAILABLE		. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO	
1							-	-		1 U YES 2 NO		COMPLETION OF CAUSE OF DEATH?			
- 11														1 YES 2 NO	
	25. WAS CASE REFERRED T EXAMINER?	IO MEDICAL	HOSPITAL:			OTHER		LACE OF DE	EATH (Ch	eck only o	ne)				
THE CHARLE	1 YES 2 NO			☐ ER/Outpatient	-			ne 5 🗆 Ra	aldence	_					
	1 Natural 5	Pending Investigation	28e. DATE Of (Month, I	Pay, Year)	28b. TIA	NE OF JURY M	WC	JURY AT ORK? YES 2] NO	28d. DE	SCRIBE HOW I	NJURY OC	CURED		
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, tarm, street, factory, office building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
2000	onel		ICIAN: To the best of											s) and menner as stated,	
10.00	296. SIGNATURE AND FITLE	E OF CERTIFIE	R"	MIS				29c. LICE	LI 9	HH4		29d. DAT	E SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
- 11	James S. Grisson Mb 1475 Taney Ave Juste Wy Trelands Mg 31. DATE FILED (HOME). POR SHAP) 321 TREGISTRARS ETENABLISM.									dist	٢٥٩	Tre	-	and MA	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - STATE REGISTRAR	STATE OF MARY		CATE OF		MENTAL	HYGIENE REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) AUSTIN Raymond	d Herbert				2. DATE O MONTH	DAY	93	3. TIME DE DEATH 3. 20 A- M		
4. SOCIAL SECURITY NUMBER		(in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH	8. BIR	THPLACE (State or Foreign		
215-26-1761 Sa. FACILITY NAME (If not institution, give	1 M 2 F	69 YRS.	MONTHS DAYS	HOURS MIN.	Jan	1 1924	Mo	ryland		
1869 Pleasant V.				stown						
RESIDENCE OF DECEDENT 10a. STATE Maryland Free			mstown	TON		10d. INSIDE CITY LIMITS?				
100. STREET AND NUMBER							CITIZEN O	1 YES 2 ND		
1869 Pleasant	21710			USA						
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 \(\) YES IF YES, GIVE WAR OR \(\) \(\	3 2 NO	If yes, sp	ENDENT OF HISPAI ecify Cuben, Mexics 2 7NO Specif	T OF HISPANIC ORIGIN? (Specify Yes or No— 14. RACE — American India ban, Mexican, Puerto Rican, etc.)					
15. DECEDENT'S EDU (Specify only highest grad	JCATION completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATION done during mo	ON at of working	16b.	KIND OF BUSINESS	INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)	Truck D	river		F	t. Detri	ck			
17. FATHER'S NAME (First, Middle, Last)				(CO) 1 (A) (C) (C)		iddle, Maiden Sumer	ne)			
Earl Herbert 190. INFORMANT'S NAME (Type/Print)		405 MAII BIO	ADDRESS (Const.)	Dorot		OWDEN or, City or Yown, Steel	- Pla Cadal			
Mrs. Hazel Herb	ont					Adamstou		21710		
20a. METHOD OF DISPOSITION 1 Burlel 2 VCremation 3 Ren	2	0b. PLACE OF DISPOS				20c. LOCATIO				
4 Donation B Other (Specify)		Smithsbur	g Crema	tory		Smith	sbur	g. MD		
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		Stau		eral	HOmes, Frederick.		21702		
shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):								Interval Between		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	that hindated events									
	er significant conditions contributing to death but not resulting in the underlying cause given in Part i.							14b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C)	heck only one	9)				
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/O	utpetient 3 🗆 DOA	OTHER:	ne 5 Residence	6 🗆 Other	(Specify)				
	28a. DATE OF INJUR (Month, Day, Year		URY	URY AT ORK? YES 2 NO	26d. DE\$	CRIBE HOW INJUR	OCCURED			
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e, PLACE OF INJU	RY — At home, farm, specify)	street, factory, offi	20	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
(Critical Unity	SICIAN: To the best of my lon	tion and/or immetinatio	n la my cololon	fauth accuracy at the	a time data	and place, and due	to the one	se(s) and manner as stated.		
296. SIGNATURE AND TITLE OF CERTIFI	the complete cause of the cause of the complete cause of the complete cause of the cause of	la a		29c. LICENSE NU	MBER 8191	29d	DATE SIGN	IED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON W ANTHOR C, MA	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Types	Pring)	Johnson L	O. F.	reduid.	up	21702		
31. DATE FILED (Month, Day, Year) DEC 0 1 1	993 Julia Da	CHATURE Widson-Randa	82					V 1		

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93 36474 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH		NTAL HYGIEN	E 9	3 36474		
	1. OECEDENT'S NAME (First, Middle, Landon Do)	rothea Runyan			2. 1	DATE OF DEATH	5 9"	3. TIME OF DEATH 3. TIME OF DEATH 3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-52-8262	1 □ M 2 5€ F 96	YRS.	ONTHS DAYS HOURS	MIN. Ju	Month, Day, Year,	397 1	BIRTHPLACE (State or Foreign Country) Washington, D. C.		
TOR		emorial Hospit		Freder:			Frederick			
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COU Maryland Mc			rown or Location	g	B	10d. INSIDE CIT LIMITS? t YES 2			
FUNERAL	104. STREET AND NUMBER 25701 Long Co	orner Road		10f. ZIP CO		or I	10g. CITIZEN OF WHAT COUNTRY? United States			
BY	11. MARITAL STATUS 1 Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 NO	13. WAS DECENDENT If yes, specify Cub 1 YES 2 NO	en, Mexican, Pu	or No.— 14.				
LETED	15. OECEOENT'S E (Specify only highest gri	EDUCATION rade completed) College (1-4 or 5 +)	ilfe. Do NOT use n	k done during most of work etired.)	ing		D OF BUSINESS/INDUSTRY			
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Claims .	Examiner				Postal Service		
	Lee Jackso	on Runyan		18, MO		first, Middle, Meiden ctrude Sc				
BE	19e. INFORMANT'S NAME (Type/Print)	Jii italiyali	19h MAII INO AC	OORESS (Street end Number				del		
유	Elizabeth Gay Li	inthicum	Weller Rd							
	20e. METHOD OF DISPOSITION 12 Buriel 2 Cremation 3 R 4 Donation 6 Other (Specify)	201	PLACE AND DATE OF			OATE 20c. LO	CATION — City	or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE		Damascus	22. NAME AND ADDR	ESS OF FACILITY	Y		us, Mu. 20072		
	Dhin Z.	Molesmath		26401 R	idge Ro	worth, P.	scus,	Md. 20872		
CERTIFICATION	23. PART I. Enter the diseases, or combilications that ceused the desth. Do not enter the mode of dying, such se cardiac or respiratory errest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To. (OR AS A CONSEQUENCE OF): Due To ION AS A CONSEQUENCE OF): Due To ION AS A CONSEQUENCE OF): Due To ION AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): Due To ION AS A CONSEQUENCE OF): Due To ION AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other significant condit	Deportion C	the underlying ceuse	given in Part	1. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	near vo	my-	26. PLACE OF	OEATH (Check or	nly one)				
S	EXAMINER?	HOSPITAL:		THER:						
<u></u>	27. MANNER OF OEATH	26e, OATE OF INJURY	26b. TIME C	OF 28c. INJURY AT		. OESCRIBE HOW I	NJURY OCCUR	EO		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	Moon	M 1 YES 2	□ NO					
8	3 Suicide 6 Could not 4 Homicide determined	building, etc. (Spe	f — At home, ferm, stre	et, factory, office	291.	City or Town, State)	and Number or	Rural Route Number,		
COMPLET	anal	IYSICIAN: To the best of my know						ause(e) end manner ee stated.		
8	29b, SIGNATUME AND TITLE OF CENTURE	FIER S Jones	don	29c, LH	29c. LICENSE NUMBER D - 18191			IGNED (Month, Day, Year) 27/93		
10	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pr	in) By y	J.	21702	~ ~ C	v, and		
	NOV 2 9 1	1993 Julia David	Son-Randoss							

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Lilia in a second and south this

3. TIME OF GEATH

8. BIRTHPLACE (State or Foreign

4:00 pm M

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

November 23,1993

William

McClave

5. SEX

ave HOLZAPFEL

6. AGE (In yrs. last birthday) | F UNDER 1 YEAR | IF UNDER 24 HRS.

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BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 1	214-10-4241	1 K M 2 L F	85	YRS.				Jul 28, 1	908	Maryland		
	_ 1	Se. FACILITY NAME (If not institution, give				9b. CITY, T	OWN OR LOCAT	ION OF DEA	TH	9c. COL	INTY OF DEATH		
	ဗို့	800 Carroll Park	vay				Freder:	ick		I	Frederick		
	DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	ry		10c CIT	Y, TOWN OR	LOCATION			_			
			rederick		100. 011		derick			10d. INSIDE CITY LIMITS?			
	AL C	10e. STREET AND NUMBER	redelick			rre	101. ZIP COE			1 YES 2 NO			
	R	900 Camas 11 David								10g. CIT	TIZEN OF WHAT COUNTRY?		
	FUNER	800 Carroll Parky	12. WAS DECEDEN	T EVED IN II C AC	MEO	10.00		21701		U.S.A.			
	ED BY	1 Never Married 2 Married	FORCES? 1	YES 2 VI	NO	H y	es, specify Cub	an, Mexican	, Puerto Rican, etc.)				
		3 ★ Widowed 4 Divorced	IF TES, GIVE W	MA ON DATES	OR DATES 1 ☐ YES 2 ☑ NO Specify:						Spoc#y: White		
		15. DECEDENT'S EO (Specify only highest grad	16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b)						16b. KIND OF BUSINESS/INDUSTRY				
	ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5 s		Do NOT us	vork done dur se retired.)	ing most of work	ing					
- et	AP.		4	Re	eal E	state	Broker	_	Reside	ntia]	L/Commercial		
once.	COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOT	HER'S NAM	E (First, Middle, Maide				
10		Henry		Holza	pfe1	, Jr		Julia			McClave		
	TO BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (S	treet and Numbe	or or Rural Ro	oute Number, City or To	wn, State, Zi			
be notified at		Mr. William M. Ho	olzapfel,	Jr 5	507 S	outh 1	Market	Stree	et. Frede	rick.	MD 21701		
at b		20a. METHOD OF DISPOSITION 1 □ Buriel 2 ☆ Cremation 3 □ Rar	norm! from State	20b. PLACE	ANDDATE	F OISPOSITI					City or Town, Stata		
must		4 Donation 5 Dother (Specify)	NOVEL ITOM STEELS	Smith	matory or o ISbur	e Crei	natory	11/	25/93 Sm	ithsh	ourg Maryland		
iner	- 8	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE J	A		22. NA	ME AND ADDRI	ESS OF FAC	LITY				
examiner		Keeney & Basford P.A. Funeral Home 106 East Church St., Frederick, MD 2170											
or removal medical		23. PART I. Enter the disesses, or	complications the			1106	East (Churc	i St., Fr	ederi	ck MD 21701 rest, Approximate	_	
or other traumatic event, the r	CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	· ok	OH AS A CONSECUTION OF AS	hos	1	ilu the s	rl Flack	derwit	t	10 day	outh S L	
9	ERTII	that initiated events resulting in death) LAST	e.										
ijury, or		resulting in death) LAST	d.	death but not r	esulting i		rlving cause	olves in P	art I be was a	AUTOREY	The water anymory serving		
ny injury, or			na contributing to	death but not r	esulting i		rlying cause	given in P	PERFO	RMED?	24b. WERE AUTOPSY FINDS AMAL AME PROOF TO COMPLETION OF CAUS		
ws any injury, or		resulting in death) LAST	dna contributing to	death but not r	esulting (rlying cause	given in P	ert I. 24e. WAS AN PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
or ream and mema shows any injury,		resulting in death) LAST	s. na contributing to	death but not r	esulting i		rlying cause	given in P	PERFO	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUS		
shows any injury,		PART II. Other significant condition 25. WAS CASE REFERENCE TO MEDICAL	na contributing to	death but not r	esulting i	n the unde			PERFO	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
State Dept. or Health and Menta Item 23 shows any injury,		PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			n the unde	26. PLACE OF E	DEATH (Chec	PERFO 1 YES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
or item 23 shows any injury,	YSICIAN: MEDICAL	PART II. Other significant condition 25. WAS CASE REFERENCE TO MEDICAL	L	ER/Outpetiere 3	□ DOA	OTHER:	28. PLACE OF S	DEATH (Chec	PERFO 1 VES k only one)	PMED?	AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATHS 1 TYES 2 NO		
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BALTIMORE, MARYLAND 21203-3146

	Amended	#3&14,	12/8/93, G.L.H. Frederick C	ю.
1	FOR STATE REGISTRAR		STATE OF MARYLAND / DEPARTMENT OF I	

STATE	0F	MARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE	Ē
		CE	ERTIFICATE	O	F DEAT	H		DEG NO	

93	36476)

	REGISTRAN				10711				HEG. NO.			
1	1. OECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	NY.	YEAR 3	. TIME OF CEATH
	Emori		land	_	lacke		- 11					:47-1-30 PM
П	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yra. In		IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		Country)	LACE (State or Foreign
	220-38-9383	1 × M 2 🗆 F	52	YRS.					,		laryl	
	9a. FACILITY NAME (If not institution, give										TY OF OEA	
Unection	7907	Circle	Drive		M.	t. A	iry			Ca	vrol	l
	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNT	TY.		ine Cil	TY, TOWN C	B LOCA	DON				Ti	IOd. INSIDE CITY
		rroll			It. A							LIMITS?
- 1	10e. STREET AND NUMBER	1,	n. n		, ZIP COD	e		10 YES 2 □ NO 10g. CITIZEN OF WHAT COUNTRY?				
	7907 Circle D	1110				1		1771				
	11. MARITAL STATUS	_	T EVER IN U.S. A	DMED	1 49	Me Dec			NIC ORIGIN? (Specify Yes			tates - American Indian.
	1 Never Merried 2 Merried	FORCES?	YES 2			f yes, sp	ecity Cube	n, Mexico	an, Puerto Rican, etc.)	OF NO.	Black,	White, etc.
	3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES			I ∐ YES	2 NO	Speci	γ:		Blac	White
	15. DECEDENT'S ED				USUAL O				16b. KIND OF BUS	SINESS/INDU		K
	(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5		Sive kind of a. Do NOT u	work done (turing mo	et of world	ng	1000			
	12		"	The	ick D	n inc) 81		Sof	1		
	17. FATHER'S NAME (First, Middle, Last)	-		1741	11/2 12	TAME		HER'S N	ME (First, Middle, Maiden			
	Hannou I Hank	2011 CF					Du	+6 T	Rebecca Car	4000		
	Hahvoy I. Hack	, SI.	11	Db. MAILIN	G ADDRESS	(Street a			Route Number, City or Tow		Code)	
	Lais F. Hackey			1110	T:de	0 - 1	a 10.0	o:	Prot Cotion	un	200	10
	20a, METHOD OF DISPOSITION		20b. PLACE	OF DISPO	SITION (No	me of ce	meters, cres	netory or	von Spring	CATION C	aty or Town	n. State
1	1 Burial 2 Cremation 3 Ref	moval from State	other p	HECE)								
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE)	- 0	ROX	Z NA U	NAME A	NO ADDRE	SS OF F	Gardens Fr	rederi	CP,	Homes, P.A
		11	8-0	0								
	Hand o	1.0	de c		16	21	upos.	sumi	own Pike	trede	rick,	MD 21702
NO INCOLUTE	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	O (OR AS A CONSI	EQUENCE (OF):	Га	re	Ca	исеу			
	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	OUE TO	OR AS A CONSI	EQUENCE (OF):							
	PART II. Other significant condition											WERE AUTOPSY FINDINGS
	Cerebroras	cular a	Luid	cut	H	De	rt	ch s	1 ou 1 YES	-		COMPLETION OF CAUSE OF DEATH?
	Alcoholism.	Diabe	tes T	YOR	- 11							1 TYES 2 MAN
				//								
	25. WAS CASE REFERRED TO MEDICAL						LACE OF I	DEATH (C	heck only one)			
	EXAMINER?	HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER	R: sing Hor	ne 5 1	esidence	6 Other (Specify)			
	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2 [] NO	28d, DESCRIBE HOW	INJURY OCC	URED	
	3 Suicide 6 Could not be 4 Homicide determined	20e. PLACE building	OF INJURY At I I, etc. (Specify)	nome, ferm,	, street, fac	lory, offi	00		28f. LOCATION (Street City or Town, State)		or Rural Ro	ute Number,
COMPLE	(Criscia Gray								e to the cause(s) and me e time, date and place, as			and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFI		200000000000000000000000000000000000000	AND THE P	1						Constitution of the last	
3	4 . M. Beath	5 MI					D	33	320	29d. DATE	1/2	1/93
	F. M. Gloth	HO COMPLETED CA	LAR'S SIGNATURE	Calv	ONÍ (and	33nd	Stu	oot Ralti	maka_	ND.	21218
	DEC 01 19	93 Julia	Davidson-	Pandel	82				200	110166)	שוויו	27210

BALTIMORE, MARYLAND 21215-0020

MPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF	DEATN			3. TIME OF DEATH	
į	0		Thomas	Joseph	Hugh	nes				NO V	. 17	, 199	3 YEAR	11:00 P m	
8	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (in yrs. last	birthday)	IF UNDER		IF UNDER		7 DATE OF 6	WETH		8. BIRTH	NPLACE (State or Foreign	
- 4	021-01-2237		1 M 2 F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	May 2	1,19	06	Count	Mass.	
_	9a. FACILITY NAME (If not in					9b. CITY	TOWN C	R LOCATI	DN OF DE				NTY OF D	PEATH	
0	Meridi		sing Cer	nter			F:	reder	rick]	rede	erick	
DIRECTOR	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY	
듬	Maryland	Mor	ntgomery				Da	amaso	cus					LIMITS?	
AL	10s. STREET AND NUMBER						101	. ZIP CODE		_		10g. CITIZEN OF WHAT COUNTRY?			
Ä	10e. STREET AND NUMBER 26633 Purdum Road 11. MARITAL STATUS 1 Never Married 2 Married 11. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 ND						20872						United States		
J.							ED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yell yes, specify Cuban, Mexican, Puerto Rican, etc.)						14. RACI Blaci	E — American Indien, k, White, etc.	
B	3 Widowed 4 Divo		1925	yar or dates		1	☐ YES	2X NO	Specify	r			Spec		
ED	15. DEC	EDENT'S EDUC y highest grade	ATION	16a. DEC	CEDENT'S	USUAL O	CUPATIO	ON .		16b. KIN	ID OF BUS	INESS/IN		111 00	
COMPLETED	Elementary/Secondary (6		College (1-4 or 5	Ula	Do NOT us	e retired.)		st of workin	ng						
MP	8				1	labor	er				Pape:	r Mi			
	17. FATHER'S NAME (First, M		. Hughes					18. MOTE		ia Bur		Surname)			
BE	19a. INFORMANT'S NAME (1		. Hughes		MAILING	ADDRESS	(Cton at a	and More has		Toute Number, C					
2	Walter T.	Hughes		100						Damasci				2	
	20a METNOD OF DISPOSIT 1 Burlel 2 Crematic 4 Donation 5 Other		oval from State	20b. PLACE A cemetary, cren	ND DATE O	of Dispos	ITION/Na	me of	17/20	0/93		cation –		Mass.	
	21. SIGNATURE OF FUNERA		ENSEE		7.20	22.1	NAME AN	O ADDRES	SS OF FAC	CILITY			,	12000	
	· Oli	. I	Mole	th	,					sworth	*	-	34.3	00070	
	23. PART i. Enter the d	Iseeses, or c	omplicatione the	t caused the dec	eth. Do n					Rd., D				Approximata	
	shock, or h IMMEDIATE CAUSE (Fir	eart feilure. I	List only one cau	use on each line.										Interval Between Onset and Death	
	disease or condition resulting in death)	→	Λ	12h8.ms		di	LAST	E						Onset and Daath	
	resulting in dealing		DUE TO	(OR AS A CONSEQ	UENCE OF		0 10								
NO	Sequentially list condit	lons,	L CHE TO	(DR AS A CONSEQ				_							
AT	if any, lesding to imme- cause. Enter UNDERLY	NG	506 10	(DH AS A CONSEQ	DENCE DI	-):									
Ĕ	CAUSE (Disease or Injuthat initiated events		OUE TO	(DR AS A CONSEQ	UENCE OF	F):									
CERTIFICATION	resulting in death) LAS	' L.	l												
2	PART II. Other significa	nt condition	contributing to	death but not re	euiting i	n tha un	derlying	ceuae g	iven in I	Part i. 24a	. WAS AN	AUTOPSY	24b	. WERE AUTOPSY FINDINGS	
MEDICAL			101				00-000				PERFOR			AWAILABLE PRIOR TO COMPLETION OF CAUSE	
A L										_ '	165 2			OF DEATH? 1 YES 2 NO	
ž													1		
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			071155		ACE OF D	EATN (Che	ck only one)					
YSI	1 TYES 2 THO		1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER 4 Nun	ing Hom	• 5 □ Re	sidence	8 🗆 Other (Sp	ecify)				
	27. MANNER OF DEATH 1 Netural 5	Pending	28e. DATE OF (Month, D		28b. TIM	E OF URY		RK?		28d. DESCRIE	BE HOW IN	URY OC	CURED		
BY	2 Outside	Investigation	28s. PLACE O	F INJURY — At hon	ne, ferm e			ES 2	ND	281, LOCATIO	N /Street o	and Moreshau	as Comil (Parents Museum	
COMPLETED		Could not be determined	building,	etc. (Specify)						City or To		na mamba	OF MORE! F	NODIE NUMBER,	
2	29e. CERTIFIER (Check only	IFYING PHYSIC	CIAN: To the best of	my knowledge, dea	th occurre	d at the ti	me, data	and place,	end due	to the cause(s)) and man	ner ea sta	led.		
Š	one) 2 MEDI	CAL EXAMINE	R: Dn the basis of a	xamination and/or in	rvestigatio	n, in my o	pinion, d	eath occur	ed at the t	time, data and	placa, and	dua to th	e ceuse(s	a) and manner as stated.	
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	()	M	1			29c. LICE	NSE NUM		[29d. DAT	E SIGNED	(Month, Day, Year)	
ē.	<u>) 91</u>	y 1.	Im	PL /h	7	D.		1		58	/	>		18, 1993	
	30. NAME AND ADDRESS OF	V	th, Jr.	SE OF DEATH (MEM	27) (Type,	Print)	th c	.+	F	dontal	e Mr.	07	707		
	31. DATE FILED (Month, Day,	Your)	32. REQISTRA	R'S SIGNATURE	JUU	w. y	OII S	0.,	r re	derick	, MC	. 21	.101		
	NOV	1 9 199	33 Julia	M. D. R'S SIGNATURE Davidson-V	fandel	32								1	

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDIST DUNCTOTAL The last sequippes the death searing of
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1. DECEDENT'S NAME (First, Middle, Last) Retty Ire 4. SOCIAL SECURITY NUMBER 214-14-6240 90. FACILITY NAME (If not institution, give stress of the content	5. SEX 6. AGE	n.S E (in yrs. lest birthday) 7.1 YRS.	IF UNDER 1 Y	ZEAR IF UND	ER 24 HRS.	Nov. 1	5, 19	93	3. TIME OF DEATH 12:30P LACE (State or Foreign	
4. SOCIAL SECURITY NUMBER 214-14-6240 96. FACILITY NAME (If not institution, give str	5. SEX 6. AGE	(In yrs. last birthday)			ER 24 HRS.	7 DATE OF BIRTH		. BIRTHPI	LACE (State or Foreign	
214-14-6240 90. FACILITY NAME (If not institution, give str	1 □ M 2 🖾 F				ER 24 HRS.	7. DATE OF BIRTH		BIRTHP	LACE (State or Foreign	
		f du		moons	MIN.	Oct 18,	1922	Ma	ryland	
22812 Clarkhr	reet end number)		9b. CITY, TI	OWN OR LOCAL			9c. COUNT			
	ooke Drive	e	C	larks	burg		111		gomery	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		100 017	Y, TOWN OR							
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1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES	2 E 40	es, specify Cul	C ORIGIN? (Specify Ye , Puerto Rican, etc.)	N? (Specify Yes or No— 14. RACE — Ame- Black, White, Specify: W]					
15. DECEDENT'S EDUC (Specify only highest grade)	ATION completed)	16a. DECEDENT'S	USUAL OCCI	UPATION	kina	16b. KIND OF BU	SINESS/INDUS	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)	-	ning .	Oven I	Jomo			
17. FATHER'S NAME (First, Middle, Last)		11046			THER'S NAM					
Henry C. McBr	ide				Bert	ha Twent	су			
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	ins	2281	2 Cla	rkbro	oke				rg, Md.	
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Remo	rval from State Ce	metery, cremetory or o	ther place)							
21. BIGNATURE OF FUNERAL SERVICE LICI	ENSEE .						reder:	1Ck	, Marylai	
1 Total	William	~	01i	n L.	Mole	sworth,				
IMMEDIATE CAUSE (Finel	RENKL	- FAI	Luc F):	٤					Interval Between Onset and Death	
Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):							
PART II. Other aignificant conditions	Contributing to death	but not consisting	la the unde	dular cours	aluan in B			T	+	
				mying cause	given in P	PERFO	RMED?	A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
*						-		1	YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF	OEATH (Chec	k only one)	-			
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA	OTHER:		-					
27. MANNER OF DEATH	28e. OATE OF INJURY	26b. TIM	E OF 26	c. INJURY AT			NJURY OCCU	RED		
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1		□ NO					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, ferm, secify)	street, factory.	, office		28t. LOCATION (Street City or Town, State)	end Number or	Aural Rou	ite Number,	
		on one of investigation	nt, itt my opin							
290. SIGNATURE AND TITLE OF CERTIFIER	96. SIGNATURE AND TITLE OF CERTIFIER AND 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, November									
Imarow !	יו שתטנים	JM		0		0 10	1	CHIEN	10/12	
30. NAME AND ADDRESS OF PERSON WHO			Print)		1	0.0	, no	V CINA	21701	
	10e. STREET AND NUMBER 22812 Clarkbr 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. DECEDENT'S EDUC (Specily) only highest grade: Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last) Henry C. McBr 19e. INFORMANT'S NAME (Type/Print) Henry J. Higg 20e. METHOD OF DISPOSITION 1 Burfal 2 Cremation 3 Remail 4 Donation 5 Pother (Specily) 21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I / Enter-like diseases, or coshock, or heart fellure. It immediate cause. Enter UNDERLYING CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST PART II. Other significant conditions CDPD	10e. STREET AND NUMBER 22812 Clarkbrooke Driversel 11. MARITAL STATUS 1	10e. STREET AND NUMBER 2 28 12 Clarkbrooke Drive 11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 15. 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Enter UNDERTYING CAUSE (Disease or Injury that Initiated eventa resulting in death) 26. OATE OF INJURY 27. MANNER OF DEATH 28. WAS CASE REFERREO TO MEDICAL EXAMINERY 1 PER 2 PAR	100. STREET AND NUMBER 2 2 8 12 Clarkbrooke Drive 11. MARITAL STATUS 1 Maver Married [Married] 12. WAS DECEDENT EVER IN U.S. ARMED PONCES? 1 YES Z.CRO 15. DECEDENT'S EDUCATION (Speed) only highest practs complaints) 16. DECEDENT'S USUAL OCCUPATION (Globe) with John Poncest 1. YES Z.CRO 17 YES Z.CRO 18. DECEDENT'S USUAL OCCUPATION (Globe) with John Pont for educing most of work fine. Do Not rus mirror) 17 YES Z.CRO 18. MO 19. MAILING ADDRESS (Street and Numb	100. STREET AND NUMBER 22812 Clarkbrooke Drive 20871 11. MARTIAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVEN IN U.S. ARMED IT YES 2 STATE IT YES 3 STATE IT YES 3 STATE IT YES 3 STATE IT YES 3 STATE IT YES 3 STATE IT YES 3 STATE IT YES 3 NO YES 3	10. STREET AND NUMBER 2 2812 Clarkbrooke Drive 2 0871 11. MARTIAL STATUS 11. Mort Martind 2 [2] Married 3 Widowed 4 Divorced 11. Mort Martind 2 [2] Married 3 Widowed 4 Divorced 12. Nas DECEMBER SUCK CLAIN (Cheen, vitc.) 11. Secondary (0-12) 13. Nas December of Process 1 Yes 2 (2 No Specify: 12. Nas December of Windows, purple of Nash Consolation (Cheen vitc.) 13. Nas December of Nash Consolation (Cheen vitc.) 14. Nas December of Nash Consolation (Cheen vitc.) 15. Nas December of Nash Consolation (Cheen vitc.) 16. December (Nash Consolation) 17. FATTHER'S NAME (First, Middle, List) 18. Nathon of But (Cheen during mast of working fine to Notify use national) 19. Nath United States (Cheen vitc.) 19. Nath United States (Cheen vit	THE STREET AND NUMBER 2 2812 Clarkbrooke Drive 11. MANTAL STATUS 12. WAS DECEDENT EVER IN U.S. ANMED 13. WAS DECEDENT OF HISPANIC ORIGINT (Specify Yes or Non-1 11 Movement and 12 (M Merical 2 (M Merical 3 Widoward 4 Oriored 15. NAS DECEDENT OF HISPANIC ORIGINT (Specify Yes or Non-1 11 Yes, Girl WAS OR DATES 16. NO FOR USE STATUS 17. KATHER'S NAME (First, Models, Last) 18. NOTHER'S NAME (First, Models, Medical Stranger) 19. NAMINAL STATUS 19. NAM	THE STREET AND NUMBER 2 2812 Clarkbrooke Drive 10 - STREET AND NUMBER 2 2812 Clarkbrooke Drive 11 - WAND Marked 2 12 Married 12 - Was DECEMENT EVER IN U.S. ARMED PROCESSY 1 12 - WAS DECEMENT (Specify Was or No—11 12 - WAS DECEMENT OF WAS DECEMBED OF	

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	IN THE HIGS HALL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a nours after death. Page 6 may be retained by the hos	TO THE AMEND. DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached in the Action of Health and Mental Hypiene prior to burial, cremaral,	MPORTANT II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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93 36479 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	HYGIENI REG. NO.	93	3	36479
1. DECEDENT'S NAME (First, Middle, Le JOHN LEE HA	IVENS JR				2. DATE MONT	OF DEATH		EAR 3.	TIME OF DEATH 5:30 A
4. SOCIAL SECURITY NUMBER 215-86-2506	1 (25⋅M 2 🗆 F 3	O YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May	OF BIRTH	63	BIRTHPL Country) Mar	ACE (State or Foreign yland
9a. FACILITY NAME (If not institution, gh Frederick RESIDENCE OF DECEDENT	Memorial Hosp			erick	DEATH		Fre	deri	
10a. STATE 10b. COU	STATE 10b. COUNTY 10c. CITY, TOWN OR LO						10d. INSIDE CITY LIMITS? 1 1 YES 2		
100. STREET AND NUMBER 75 Stewart	75 Stewart Manor				101. ZIP CODE 10g. CITIZI 21701 Uni				
11. MARITAL STATUS 1 Nover Married 2 Married 3 Widowed 4 Divorced	RITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, CIVE WAR OR DATES				ANIC ORIGIN en, Puerto I	I? (Specify Yes Ricen, atc.)		RACE	American Indian, Thite, etc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	ade completed)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during mo	N st of working	18b	. KIND OF BUS	INESS/INDUS		WILL 00
12	College (1-4 or 5+)	Sal	esman				um Cl	eane	rs
17. FATHER'S NAME (First, Middle, Last) John Lee	Havens, Sr.			16. MOTHER'S N	_	Widdle, Maiden S Ann I	10.00		
19a. INFORMANT'S NAME (Type/Print) Betty Ann Hav				nd Number or Rural					8
20e. METHOD OF DISPOSITION 1 Duriel 2 Cremetion 3 R 4 Donetion 5 Other (Specify)	200	p. PLACE AND DATE OF Thetery, cremetory or othe Restna	DISPOSITION (Na	me of	0/93	E 20c. LOC	ation — ch	or Town	State
21. SIGNATURE OF FUNERAL SERVICE		1	22. NAME AN	D ADDRESS OF F. Mole	ACILITY SWO IT	h, P.A			
Sequentialty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF):	(4)	W10V #3	CYL	qR V	ISEA	56	
PART II. Other algolificant condit MASSIVE SLEEP A	OBES, TY	out not resulting in	the underlying	; cause given ir	Part I.	24s. WAS AN / PERFORM	MED?	AN CC OI	ERE AUTOPSY FINDI ALLABLE PRIOR TO OMPLETION OF CAUS TO DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C	heck only on	e)			
1 X YES 2 □ NO 27. MANNER OF DEATN	1 ☐ Inpatient 2 K ER/Outs 28a. DATE OF INJURY		☐ Nursing Hom	5 Residence		r (Specify)	HIRV OCCUE	en.	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	M 1 1	RK? ES 2 NO					
3 Suicide 6 Could not 0		cify)	et, factory, office		281. LOC City	ATION (Street as or Town, State)	nd Number or	Rural Roul	e Number,
	YSICIAN: To the best of my know INER: On the basis of examination							ause(s) si	nd manner as stated
296 SIGNATURE AND TITLE OF CERTIL		m)		29c. LICENSE NU			29d. DATE S	IGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON RR R R 0 13 E.	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typo, P)	145%			-10	m.I	7,5	101-45
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	IATURE NO. 10 10		ヘニンし	are!	-()	7 · · · ·	411	01 73

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L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within yours after death. Page 6 m	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director,	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner mus
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DIRECTOR FUNERAL BY COMPLETED notified at BE 9 must the medical examiner traumatic event, CERTIFICATION Injury, or other MEDICAL shows any

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 36480 CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR Charles Hargesheimer Gustave November 28 1993 8:35 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTNPLACE (State or Foreign Country) DAYS HOURS XXM 2 F 198-01-5251 04 - 16-Pennsulvania 9a. FACILITY NAME (If not institution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Anne Arundel 660 Americana Drive Annapolis 10s. STATE 10c. CITY, TOWN OR LOCATION MD XX YES 2 NO Anne Arundel Annapolis 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 660 Americana Drive Apt 12 21403 USA 11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED FORCES? 1. YU.Y.YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.)
 I YES 2 OO Specify: 14. RACE — American Indian, Black, Whits, etc. 1 Never Married 2 Married 3 Widowed 4 Divorced WWII White 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Poultry Farmer Farming 10 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Harry Hargesheimer Anna Theresa Leidy 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 306 South Cherry Grove Ave. Annapolis, MD 21401 Ann H. Herring 20g. METHOD OF DISPOSITION

X Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Mt. Peace (Emetery 12/2/93 Philadelphia, PA 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY John M. Taylor Funeral Home 147 Duke of Gloucester St. Annapolis, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximats shock, or heert fallure. List only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, isading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 XXIO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one EXAMINER? HOSPITAL: OTHER: ne Residence 6 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 4 Homicide

29s. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(e) and manner as atsted. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF CENTER 29d. DATE SIGNED (Month, Day, Year) 9 30. NAME AND ADDRESS OF PERSON WNO COMPLETED DAUSE OF DEATH (ITEM 27) (Type, Print) 2140 2011 e mi a 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Julia Davidson-Randell DEC 0

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN NOV. YEAR 5140 DWIA JR 993 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTN (Morith, Day, Year) 7-763 BIRTNPLACE (State or Foreign Country)
 MD 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 30 1 M 2 F 212-82-6918 Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Hardord Harford Mem. Havre de Grace DIRECTOR RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY IDC. CITY TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Harford MD Havre de Grace XXYES 2 NO permit. 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 427 Old Bay Lane 21078 USA use as the burial-transit hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 24 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—II yes, specify, Cuban, Maxican, Puarlo Rican, stc.)
1 YES 2 PND Specify: 14. RACE — American Indian, Black, White, atc. BALTIMORE, MARYLAND 21215-0020 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced Black COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTR (Specify 10 ndary (0-12) College (1-4 or 5+) detached for Laborer once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) retained by the Nancy Taylor Charles Hoelly 2 76 BE notified funeral director, page 5 should 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 427 Old Bay Lane Havre de Grace, MD Linda Martin Page 6 may be pe 20g, METHOD OF DISPOSITION ALC Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE must or James Cem. 11-16 Havre de Grace, MD 4 Donation 5 Other (Specific examiner Arnold Beard Funeral Service rurs after death. P.O. Box 188 Havre de Grace, MD n and completely filled in by the to burial, cremation, or removal. medical 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition the biralou resulting in death) event, relde executed traumatic CERTIFICATION Sequentially list conditions, DUE TO (DR. AS A CONSEQUENCE OF) If any, leading to immediate attending physician ntal Hygiene prior to death certificate be ta State cause. Enter UNDERLYING CAUSE (Disease or injury other that initiated events resulting in death) LAST 6 the atter Mental Injury. DIVISION OF VITAL RECORDS. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. the 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO MEDICAL signed by t Health and amy COMPLETION OF CAUSE Shows tubomalons 1 TYES 2 T NO t. of PHYSICIAN: OR ATTENDING PHYSICIAN: The law DIRECTOR: After this certificate has browns after death with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? certificate h th the State d, or Item NOSPITAL:
1 A Inpatient 2 ER/Outpatient 3 DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked. 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 28I. LOCATION (Street and Number or Rural Route Number, City or Town, State) 69 6 Could not be determined COMPLETED 4 Homicide 28 FINERAL D. vithin 72 hours 29a CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. SPITAL els of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the ceuse(s) and manner as stated, MPORTANT: 29b. SKANAPURE AND TITLE DE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE # B 9 240 9 WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) 30. NAME AND ADDRESS !! olan HOK B 31. DATE FILED (Month, Day, 32. REGIST 2 ,03

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	HERT ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Jours after death. Page 6 may be retained by the hosp	entering DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	with a hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANK II item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1	1. DECEDENT'S NAME (First, Middles La. Fd Ward	ard Mortor	Hard	ing Jr	diva		2	9	2. DATE	OF DEATH	7 1 993	YEAR	1 TIME OF DEATH	
	149-22-6542	5. SEX	6. AGE (In yr	rs. last birthday, YRS.	MONTHS	DAYS	HOURS	MIN.	Aug	8°,192	25	Countr	PLACE (State or Foreign y) Jersey	
	96. FACILITY NAME (II not Institution, glasses Frederick Memorial Memorial Presidence of December 1		oital		9b. CITY	96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY Frederick Fred							of DEATH lerick	
	Md .	ty, town on Location Middletown							10d. INSIDE CITY LIMITS? 1 YES 2 XNO					
	8309 Palmer Re		10	. ZIP COD		769			S.A	VHAT COUNTRY?				
	11. MARITAL STATUS 1 Never Married 2 Name Married 3 Divorced	Never Married 2XXMerried FORCES? 1 X YES 2 NO						in, Méxica	in, Puerto I	f? (Specify Ye Rican, etc.)	e or No-	14. RACE Black Speci	American Indian, c, White, etc.	
-	15. OECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)		+)	Me. Do NOT	f work done use retired.)	during mo	st of world				JSINESS/IND			
l	17. FATHER'S NAME (First, Middle, Last) Edward Mortor			owner	<u>α V10</u>	e p	18. MOT	HER'S NA	ME (First, I	Middle, Malder	Surname)		opment	
ŀ	19a. INFORMANT'S NAME (Type/Print) Nellie M. Hard	0	SI.				and Numbe	r or Rural	Route Numi		Ibrid	-		
ı	20a. METHOD OF DISPOSITION 1			ACE AND DATE	E OF DISPOS	SITION (Ne	ame of		II/6	E 20c. L	ocation – c	City or To	wn, State	
╟							- 1	_						
	21. SIGNATURE OF FUNERAL SERVICE 23. FART L Enter the diseases, of	or complications the	it caused th	e death. Do	²² I	31 E	. Ma:	in S	t., 1	Middle	eral l	Home Md.		
	miles C	a. Com	t caused the use on each of the control of the cont	e death. Do line.	not enter	the mo	Ma:	in S	t., 1	Middle	town,	Home Md.	21769 Approximate Interval Betw	
	23. FART L. Enter the diseases, or shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	a. Complete To Due To Due To C.	of caused the use on each control of the control of	e death. Do line. Hand INSEQUENCE	not enter	the mo	Ma:	in S	t., 1	Middle	town,	Home Md.	21769 Approximate Interval Betw	
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		Amended #1, FOR STATE REGISTRAR		/93, G.:		AND /	DEPAR	TMEN	T OF H			MENTAL	HYGIEN	IE .	93	36483	
		REGISTRAR 1. DECEDENT'S NAME (First, Middle T.G. N. T. Z.	idle, Last) K	Kathryn	A:	Ignot	RTIF	ICATI	E OF	DEAT	TH	2. DATE OF MONTH		AV 13	YEAR 93	3. TIME OF DEATH	
		4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 H					24 MDC								
		177-16-724	2. 1	□ M 2 X F		2	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, L	lay, Year)		Country	nsylvania	
pluo		9a. FACILITY NAME (If not institute	tion, give stree	et and number)			9b. CITY	, TOWN O	OR LOCATIO	ON OF DE		8.21	Tac cou	NTY OF DE			
1, 2, 3 should	DIRECTOR	MERIDIAN (AS	_		100		Spri			unly.							
Sec	E I		. COUNTY			10c. CITY, TOWN OR LOCATION									10d. INSIDE CITY		
permit. Pages		Maryland	gomery			Gaithersburg				rg				_	LIMITS?		
Fied	ĭ.	10e. STREET AND NUMBER		10f. ZIP CODE					10g. CITIZEN OF			IZEN OF WI	IAT COUNTRY?				
in. ansit	与	8221 Hil	ton Ro	oad			20882					United			ted S	States	
attending physician. se as the burial-transit	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merr 3 Widowed 4 Divorced	ried	2. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES	2 X NO	If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ YES 2 ② NO Specify:						Specify	RACE — American Indian, Black, White, etc. Specify: White			
r attend use as	G	15. DECEDEN (Specify only high	NT'S EDUCAT	TON			DENT'S USUAL OCCUPATION kind of work done during most of working				16b. KIND OF BUSINESS/INDUST						
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the hospital detached fo	COMPL			2		Cle	Clerical Supe			visor		Pa	. Dep	pt. F	ublic	olic Welfare	
	8	17. FATHER'S NAME (First, Middle,						18. MOTHER'S N									
ad by	BE	Jo							esa M								
5 should notified	2	190. INFORMANT'S NAME (Type/P										loute Number,				000	
2 8 0		Nicholas S. Ignotz 0221 Hilton Road, Galthersburg, Md. 20002										382					
Page 6 may il director, pa ner must b		20- METHOD OF DISPOSITION WAS Burlal 2 Cremetton 3 Removal from State 20b. PLACEAND DATE OF DISPOSITION (Name of commetary, or other place) Commetary, or other place) No rock Memorial Park 11/15/93 Olney, Md.															
funera txami		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Olin L. Molesworth, P.A. 26LOL Ridge Rd., Damascus, Md. 20872															
d in by or remo		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, ahock, or heart fellurs. List only one cause on each line. IMMEDIATE CAUSE (Final															
		disease or condition	MATOSES						1 1000								
completely ial, cremati		resuming in death)	4			CONSECU										4 YEARS	
and bur	ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST										5 YRS					
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the death y the atten d Mental + Injury, or	O	PART ii Other elepificant or	anditions a	and the day to	4		441 .										
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N: The ficate h State	SICIAN:	25. WAS CASE REFERRED TO ME EXAMINER?	Н	IOSPITAL:				OTHER		ACE OF OE	EATH (Che	ck only one)					
ician ertific or	₹	1 YES 2 NO	1 (Inpatient 2		- Y		4 Nur	sing Home		sidence (8 Other (S					
DING PHYSICIAN: The After this certificate death with the State marked, or item	ву рну	1 Natural 5 Pendi	ling tigation	28e. DATE OF I (Month, De			28b. TIMI INJI		28c. INJU WOI 1 Y		NO NO	28d. DESCR	IBE HOW I	NJURY OC	CURED		
CTOR: A after de 28 is	B		d not be mined	28e. PLACE OF building, e	INJURY etc. (Spec	— Al home	e, farm, s	treet, fact	ory, office			26t. LOCATION OF 1	ON (Street e lown, Stete)		or Rural Ro	ute Number,	
AL DR /	릴	29e. CERTIFIER (Check only	IG PHYSICIAI	N: To the best of r	my knowl	ledge, deat	h occurre	d at the I	ime, date	end place,	end due f	to the cause(e) end mer	ner ee stat	ed.		
HISPITAL FUNERAL METHIN 72 P	COMPLET	one) 2 MEDICAL	EXAMINER: C	On the beele of ex	amination	end/or Im	restigetion	n, In my o	pinion, de	eath occur	ed at the I	lime, date an	d place, en	d due lo th	e ceuse(s)	end menner ee stated.	
DITTE HISPITAL DITTE FUNERAL MPORTANT: 11	BE	29b. SIGNATURE AND TITLE OF C	ERTIFIER	lone &		m)			29c. LICE		BER -05				Month, Day, Year) 1-12, 1993	
P\"]	2	30. NAME AND ADDRESS OF PER	SON WHO C	OMPLETED CAUS	E OF DE	ATH (ITEM	27) /Xma	Orint)		-/	UT	07		/		10/1442	

296. SIGNATURE AND TITLE OF CERTIFIER

LOW G. FOREX M.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CEZAR A. LOPEZ, MO 18111 PRINCE DAILING Dr. OLNEY,

31. DATE FILED (Many) Day, Vigit) 5 1993

32. REGISTRAR'S SIGNATURE

Fundamental Signature

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FIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within RAL DIRECTOR: After this nominense has been considered by the continued of the conti

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			RYLAND / DEPAR CERTIF	ICATE OF		REG. NO.	93	3 3648				
	1. DECEDENT'S NAME (First, Middle, Las	•				2. DATE OF DEATH DAY	YEAR	3. TIME OF DEATH				
	Venita B 4. SOCIAL SECURITY NUMBER	JONES 5. SEX 6.				November 31		5:00 A				
	218-28-7324	1 🗆 M 2 💢 F	AGE (In yrs. last birthday) 62 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Of 12 19	31 %	THPLACE (State or Foreign				
TOR	90. FACILITY NAME (If not institution, give Doctors Commun RESIDENCE OF DECEDENT	ATN	Prince	2. Georges								
DIRECTOR	10e. STATE 10b. COUL			Beltsv		10d. INSIDE OF LIMITS?						
ME	100. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN O	ZEN OF WHAT COUNTRY?				
FUNERAL	5306 Brewer I				207			S.A.				
BY FUI	1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2X NO	If yes, spe		IC ORIGIN? (Specify Yes i, Puerto Rican, etc.)	Bi	CE — American Indian, ack, White, etc. ec/ly: Black				
9	15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed)	(Give kind of	USUAL OCCUPATION	N t of working	16b. KIND OF BUS	INESS/INDUSTRY					
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 3 yrs	life. Do NOT u	ise retired.)	vork done during most of working							
BE CO	17. FATNER'S NAME (First, Middle, Last) Daniel Garret	tt			Dora							
5	190. INFORMANT'S NAME (Type/Print) James R. Jone	ag (Hughan				oute Number, City or Town Beltsvil		20705				
	20e. METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITION (Nan	ne of	DATE 20c. LOC	ATION — City or					
	XXBuriel 2 Cremation 3 Re 4 Donation 5 Other (Specify)		Md. Nat			12/4 I	aurel,					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850											
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	- deffa	AS A CONSEQUENCE O	Wis C	Mellit	-	3	00				
FE	that initiated events resulting in death) LAST	, nay		3/10	2U	7	Real	1.16				
CAL		ons contributing to dea	th but not resulting	In the underlying	cause given in f	PERFORM	MED?	40. WERE AUTOPSY FINON AMULABLE PRIOR TO COMPLETION OF CAUS				
MEDICAL	PART II. Other significant condition		th but not resulting	In the underlying	cause given in §		MED?	AVAILABLE PRIOR TO				
MEDICAL	PART II. Other significant conditions to the condition of	HOSPITAL:		26. PL/	NCE OF DEATH (CIN)	PERFORM 1 TYES 2	MED?	MALABLE PRIOR TO COMPLETION OF CAUS OF DEATHY				
PHYSICIAN: MEDICAL	PART II. Other significant conditions to the significant conditions of the significant condition	HOSPITAL: 1 Impetient 2 En 28s. DATE OF BUT (Month, Day, V	Outpatient 3 □ OOA	26. PLA OTHER: 4 — Muraing Home E OF 25c. INJU	ACE OF DEATH (Cho	PERFORM 1 TYES 2	#E07 □ NO	MALLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?				
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions are significant conditions. 25. WAS CASE REPERRED TO MEDICAL EXAMINERT? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER 28s. DATE OF BUIL (Month, Day, V	/Outpatient 3 00A UNY 299. TOWN Not) UNITY — At home, herm.	OTHER: 4 Muraing Home BLOF 25c. INJU HUNY MOR	ACE OF DEATH (Cho	PERFORM 1 YES 2 CK antly onto	JUNY OCCURED	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
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PHYSICIAN: MEDICAL	PART II. Other significant conditions to the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions of the significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant conditions significant significa	HOSPITAL: 1 Dispetient 2 ER 28s. DATE OF BLA (Month, Day, V be PLACE OF IN. building, etc. VSICIAN: To the best of my (NER: On the best of exam)	Outpatient 3 00A JBY 298. TSR IN, (Specify) 298. TSR IN, (Specify) 298. TSR IN, IN, (Specify) 298. TSR IN, IN, IN, IN, IN, IN, IN, IN	OTHER: 4 Nursing Home E Of 286. INJU WOR M 1 Y 1 Y 1 street, factory, office	ACE OF DEATH (Choice is the second of the se	CK only one) S C Other (Specify) 26d. DESCRIBE HOW IN City or Rows, State) to the cause(s) and manufacture, date and place, and	UURNY OCCURED No Number or Fluit	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO If Floure Number e(s) and manner se state				
BE COMPLETED BY PHYSICIAN: MEDICAL	PART II. Other significant conditions are significant conditions. 28. WAS CASE REPERRED TO MEDICAL EXAMMERT 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation of 1 distantined 2 Accident 6 Could not 1 distantined 2 MEDICAL EXAM	HOSPITAL: 1 Dispetient 2 ER 28s. DATE OF BLA (Month, Day, V be PLACE OF IN. building, etc. VSICIAN: To the best of my (NER: On the best of exam)	/Outpatient 3 DOA JISY 299. TR HIN JUSTY — At home, farm, (Specify) F DEATH (IXEM 27) (Type	OTHER: 4 Nursing Home E Of 286. INJU WOR M 1 Y 1 Y 1 street, factory, office	MCE OF DEATH (Che S Mesidence I MY AT IKT ES 2 NO and plese, and due t eth occured at the I	CK only one) S C Other (Specify) 26d. DESCRIBE HOW IN City or Rows, State) to the cause(s) and manufacture, date and place, and	JUNY OCCURED M Mumber or Flust her as stated.	MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

WG							
ITEMS:	23	PART	Ι.	27. 28	b.d.f.	PER MEO	
						12/15/93	†.

-	A DECEMBER MANNE DISTRICT									$\overline{}$	
- 9	1. DECEDENT'S NAME DURWOOD KENNETH						2. DAT	E OF DEATH TH D	NY Y	EAR	3. TIME OF DEAT
	4. SOCIAL SECURITY NUMBER		S. AGE (In yrs. le	ant hirthday) IE I	UNDER 1 YEAR	IF UNDER 24 HRS.	12	E OF BIRTN		931	0135 PLACE (State or Fo
- 0	217-32-3368	XXM 2 □ F	56	YRS. MON	7	HOURE MIN.		-28-193	7 7	Country	ginia
	9a. FACILITY NAME (If not institution, g	give street and number)		ROAD 9b.	CITY, TOWN	OR LOCATION OF I			9c. COUNTY		
8	TRAIN TRACKS APPR	OX. 5 MILE N/W	HISKEY I	BOTTOM .	71100						IARD
СТОВ	TRAIN TRACKS APPROX. 2 MILE N/WHISKEY BOTTOM LAUREL HOWARD RESIDENCE OF DECEMENT 100. STATE 100. CITY, TOWN OR LOCATION 100. INSIDENCE OF DECEMENT 100. STATE										
DIRE	Maryland	ONT		Laure		HON					10d. INSIDE CITY
AL C	10e. STREET AND NUMBER				10		10g. CITIZEN OF WHAT COUNTRY?				
EB/	36 Pfister St	reet							States		
FUNER	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. AI	RMEO		CENDENT OF HISP			or No — 14	. RACE	- American Indi
BY F	1 Never Married 2 Married 3 Widowed XX Divorced	IF YES GIVE WAS				NO Spec		PRCAN, etc.)		Specify	
0	15. OECEOENT'S			ECEOENT'S USUA	AL OCCUPATION	ON	14	b. KIND OF BUS	SINESS (IND. IS	TOV	WIIICE
ETE	(Specify only highest (Elementary/Secondary (0-12)		(0	Give kind of work of le. Do NOT use reti	done during mo		100	e. KIND OF BU	SINESSANDUS	HY	
APL	12 years	Contrage (1-4 or 5+)	Ref	tail Tr	uck Dr	river		Baker	У		
COMPLET	17. FATHER'S NAME (First, Middle, Last	")			12.11	16. MOTNER'S N					
BE (R. Lorenzo Jud				Evely		pbell				
0	19a. INFORMANT'S NAME (Type/Print)	itua				and Number or Rura					
	Kathy A. Judd-T	Itus	1			Way Lan		-			
10	20a. METHOD OF DISPOSITION 1 Burlal 2 XX cremetton 3 Ramoval from State 4 Donatton 5 Other (Specify) Date Date Date Date Date 20b. PLACE AND DATE Date										
	4 Donestion 5 Other (Specify) Metropolitan Crematory 12/9/93 Alexandria, Vi 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Donald V. Borowardt Funeral Home,										
					AL. HAME A	IN MODIFICATION OF P	PERMIT				
	23. PART I. Enter the diseases, shock, or heart falls iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. MULTIPLE I	e on each lin	10.	4400	Powder 1	Mill	Rd. Be	eltsvi	lle,	
RTIFICATION	shock, or heart failt iMMEDIATE CAUSE (Final disease or condition	a. MULTIPLE I OUE TO (D DUE TO (C	on each lin	EDUENCE OF):	4400	Powder 1	Mill	Rd. Be	eltsvi	lle,	Md. 20
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r	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
2	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 r	the law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
8	And THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the face designed by the face designed by the face designed for the face of the face designed by the face designed by the face of the face	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be set at the burial-transit permit. Pages 1, 2, 3 should be set at the burial-transit permit.
3	HERDRIANT: It lear 32 is marked on liber 23 shows any injure piou to under characteristic washing to another s The properties of the properties of the properties of the properties of the properties of the marked of another and injure pious to other transfer event the marked in the marked or another and injured to the properties of the	medical eventuer much he notified of once.

1	1. DECEDENT'S NAME (First, Middle, Lest)		****						2. DATE OF DEATH	0.		3. TIME OF DEATH	
1	DRUCELLA	ANN	JOHA	450	14				MONTH 1 /	DAY	G'3	2230 m	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		D. BIRTH	PLACE (State or Foreign	
- 53	215-26-2057	1 M 2 X F	95	YRS.	MONTHS	DAYS	HOURS	MIN.	07/18/18	98	Broc	"ksville MD	
	9a. FACILITY NAME (If not institution, give a	treet and number)					OR LOCATI	ON OF DE			UNTY OF D	EATH	
<u>6</u>	Frederick Memoria	ul Hospit	tal		Frea	leri	ck			Fred	erick	2	
딦	10a. STATE 10b. COUNT	10c. CIT	10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY										
뜸	Manuland Frede	nich			Knox						- 1	LIMITS?	
7	Maryland Frede	-nec.			HITCOX	_	. ZIP COD	E		10g. CF	TIZEN OF W	WHAT COUNTRY?	
FUNERAL DIRECTOR	244 Knoxville Roc	rd					217	8		USA			
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED	13. 1	MAS DEC	ENDENT C	F HISPAN	HC ORIGIN? (Specify)	he or No-	14. RACE	— American Indian,	
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V	YES 2 AMAR OR DATES	***			2) NO		n, Puerto Rican, etc.)			White, etc. N: Black	
	15. DECEDENT'S EDU	0.000	1								<u> </u>	DLUCK	
COMPLETED	(Specify only highest grade	completed)	(G	ive kind of Do NOT u	USUAL OC work done one retired.)	turing mo	ON ast of worldr	ng	16b. KIND OF E	USINESS/IN	DUSTRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ook					Yost'	s. Tru	ck St	op	
S O	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAI	ME (First, Middle, Maid				
	James Edward Moni	rison							Carrie B				
) BE	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a	nd Number	or Rural R	Toute Number, City or R	own, State, Z	(ip Code)		
임	Edith E. Jackson			323 /	Madis	on.	St.,	Free	derick, M	0 217	01		
	20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3 ☐ Rem	oval from State	20b. PLACE	AND DATE	DFDISPOS	ITION (Na	me of		DATE 20c. I	OCATION -	- City or To	wn, State	
	4 Donation 5 Other (Specify)		Fain	view	Ceme	ten	4	//	1/23 Fn	ederi	.ck, l		
	21. SIGNATURE OF FUNERAL SERVICE LIC	HISEE WU	liam	_	37	NAME AN	ADDRE	SS OF FAC	ams Funer	al Ha	Home		
	Banbana A. Wi	lliams, l	<i>wner</i>		10	10 P	eten	wil	Le Rd., B	runsw	ick,	MD 21716	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death												
	disease or condition resulting in death)	+RTER	RIUSCLE	ROTI	e (AR	Dievi	15<4	LAL DIS	BAS	E		
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions,	DUE TO	IOR AS A CONSEC	A CONSEQUENCE OF):									
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		(011 710 71 0011020	oenoe o	, ,,							i l	
프	CAUSE (Disease or Injury that Initiated events	DUE TO	(DR AS A CONSEC	DUENCE O	F):								
F	resulting in death) LAST	d											
	PART II. Other significant condition	s contributing to	death but not o	neuiting	In the un	derlyle	2 001100	aluen In I	Boot I Day 1990 I	IN AUTOPSY			
EDICAL	DEMENTIA		outil but flot f	counting	m the on	uerrynn	y cause s	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	PERF	DRMED?	240.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE	
	26/15/1/1/								1 □ YES	2 (NO		OF DEATH?	
Σ.									-			1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF D	EATH (Che	ick only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Re	sidence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF (Month, D	INJURY	26b. TIM	E OF	28c. INJ	URY AT		28d. DESCRIBE HOW				
ВУ	1 Netural 5 Pending 2 Accident Investigation	893	M 1 YES 2 NO FELL WALKING								6		
	3 Suicide 6 Could not be 4 Homicide determined	building,	of INJURY — At ho		6				281. LOCATION (Stree City or Town, Stat	t and Numbe	er or Rural R	oute Number,	
1		MEA	CIDIAN	4 1	URS	IN	G tta	ME	400 NOA	274 1	9NE	Freenck	
COMPLETED									to the cause(a) and m				
ő	2 MEDICAL EXAMINE	R: On the basis of a	xamination end/or i	rvestigatio	n, in my o	pinion, d	eath occur	ed at the t	time, date and place,	and due to t	the cause(a	and manner as stated.	
BE (296. SIGNATURE AND TITLE OF CERTIFIER	20	1+	11.			41.	NSE NUM				(Month, Day, Year)	
0	(Solled K-1	ヒノてい	Tells	111	/		D	09	867	1	1/20	193	
	RR RR B B	ERTS	SE OF DEATH (ITE	W 27) (Type	774.	ST	Er	ede	rick M	121	701	-4599	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	Davidson-A				· ·					1 - 1 /	
	NOV 2 4 199												

YEAR

10g. CITIZEN OF WHAT COUNTRY? U.S.A. 14. RACE — American Indian, Black, White, etc.

16,1993

BUSINESS/INDUSTRY

3. TIME OF DEATH

 BIRTHPLACE (State or Foreign Country) 1919 | Pennsylvania 9c. COUNTY OF DEATH Frederick

> 10d. INSIDE CITY LIMITS? 1 TY YES 2 NO

> > White

10:39a

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		FOR STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR	TMENT	OF H	EALTH	AND I	MENTA	L HYGIEN	
		1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH	DAY
		Helen 4. SOCIAL SECURITY NUMBER		JENESKY B. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 2						November 1		
		205-10-8368	5. SEX		YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	MIN.	(Mon	OF BIRTH	
3 should	1	9e. FACILITY NAME (If not institution, give a		74	THS.					Oct.	10,	19
	l œ					9ь. СПҮ, Т				ATH		ľ
2	CTOR	190 Stoneybrook Court Frederick										L
ges 1	2	10a. STATE 10b. COUNTY	1		10c. CIT	Y, TOWN OR	LOCATI	ON				_
~. &	DIRE	Pennsylvania Lac	kawanna			Dunmo	ore					
Perd	AL	10e. STREET AND NUMBER					10f.	ZIP COD	E			T
n. ansit	E .	68 Veterans Drive										
020 physician. burial-transit permit. Pages 1, 2,	FUNERAL	11. MARITAL STATUS		T EVER IN U.S. ARI							N? (Specify Ye	8 0
5-0020 nding physic is the burial	BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V		•			2 NO			Rican, etc.)	
215-0020 attending physician se as the burial-tra	ED E	15. DECEDENT'S EDUC	CATION	10. 05								
3	ETE	(Specify only highest grade	completed)	(G/	ve kind of a Do NOT us	USUAL OCC work done dur	ring mos	N t of workli	ng	16	b. KIND OF BU	SIN
D 2	2	1 2.	College (1-4 or 5	+)		naker						
MARYLAND 2. retained by the hospital of 5 should be detached for notified at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	-					10. MOT	HER'S NA	ME (First.	Middle, Maider	Su
A Be at	BE C	Harry					ther		, , , , , , , , , , , , , , , , , , , ,			
MARYL retained by the 5 should be on motified at the state of the stat	0 B									Number or Rural Route Number, City or Town		
da .	=	Mrs. Sharon A. Cosner 190 Stoneybrook Ct, Freder										1
RE, may be or. page	(8	20a. METHOD OF DISPOSITION 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Reme	wal from State	20b. PLACE A	ND DATE (OF DISPOSITI				OAT		_
Page 6 mg director, page met must	1 1	4 Donation a Other (Specify) Cathedral Cemetery 11/20/93										r
SALT death.		Hetth rym	Robe	MOC	706	Kee 106	ney Ea	& I st	ss of FA Basfo Churc	ord ch S	P.A. F t., Fr	
aft aft		23. PART i. Enter the diseases, or o	omplications the	t caused the dea	th. Do r							
Do Se		shock, or heart failure.	List only one cau	ise on each line.								
		disease or condition resulting in death)	ather	oscler	varc	Con	the	va.	rcul	m	Dis	1
3760, nted within completely tal, cremati			DUE TO	(OR AS A CONSEC	UENCE OF	F):						
coecuted within and completely o burial, cremat matte event,	N	Sequentially list conditions,	x									
S of sale	CATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEO	UENCE OF	F):						
ficate be physician ne prior to	일	CAUSE (Disease or injury	DUE TO	(OR AS A CONSEQ	LIENCE OF	n.						
eath certifica attending phy mal Hygiene	RTIF	that initiated events resulting in death) LAST	502 10	TOU NO M COURSE	OENCE O	r).						
DS, P.O. BC the death certificate r the attending physic d Mental Hyglene pri injury, or other tr	🖫		1,									_
RDS, I at the deat by the atture Mental and Mental y Injury,	A	PART II. Other significant condition	contributing to	death but not re	suiting i	in the unde	eriying	cause (given in	Part i.	24s. WAS AN PERFO	
O # 8 # 8	음	atrial Februlation									1 TES	
RECO requires the seen signed of Health	W											
> 0 -:	AN:											
一年 報報 日	SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER	26. PLA	CE OF D	EATH (Che	ck only o	ne)	
F VIT, SICIAN: Th certificate the State the State	YSI	1 TES 2 NO		ER/Outpatient 3	DOA	OTHER:	g Home	5 0 R	sidence	a 🗆 Oth	r (Specify)	
PHYSICIAN: this certifical with the St	РНҮ	27. MANNER OF DEATH 1	28a. DATE OF (Month, D		28b. TIM	URY	Bc. INJU WOR	K?		28d. DE	SCRIBE HOW	LNI
ON OI DING PHYS After this death with	B	2 Accident Investigation	20 21 102 0				1 YE	S 2 [NO			
VISION ATTENDING ECTOR: After s after death	ED	3 Suicide a Could not be detarmined	building,	F INJURY — At honetc. (Specify)	ne, farm, s	ireet, fectory	, office			28t. LOC	CATION (Street or Town, State,	and
DIVISION OR ATTENDING DIRECTOR: After hours after death item 28 is mai	E	29a. CERTIFIER		-								
를 됐다 =	MPL	(Check only										
3 3 3	2	2 MEOICAL EXAMINE	Un me basis of a	xamination and/or in	rvestigatio	n, in my opin	nion, de	nth occur	ed at the	time, date	and place, ar	nd e

SM

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. ABGISTRARIS SIGNATURE PANDERS

iden Sumame) UNKNOWN Town, State, Zip Code) k, Maryland 21702 LOCATION - City or Town, State Scranton, Pennsylvania Funeral Home Frederick, MD 21701 eapiratory arrest, Approximate Interval Between **Onset and Death** sease Years S AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? S 2 00 NO 1 TES 2 NO W INJURY OCCURED eet and Number or Rural Route Number, CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNEO (Month, Day, Year) Nov. 16, 1993 Allen J. Gilson, M.D., 1475 Taney Avenue, Frederick, Maryland 21701 DHMH-16 Rev 1/89

29c. LICENSE NUMBER

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29b. SIGNATURE AND TITLE OF CERTIPLER

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BALTIMORE, MARYLAND 21215-0020	ours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funer be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

93 36488 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH November 8, 1993 Hazel Pauline JOHNSTON 6:00 PM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign December 26,1902 HOURS Maryland 215-82-2359 1 M 2XXF 90 YRS. Sa. FACILITY HAME (If not institution, give alreet and number) oc. COUNTY OF DEATH
Frederick 9b. CITY, TOWN OR LOCATION OF DEATH Braddock Heights DIRECTOR Vindobona Nursing Home RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Frederick Maryland Brunswick LXXVES 2 HO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 21716 U.S.A. WHAT COUNTRY? 812 Fourth Avenue 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 2 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Ho-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rid 1 YES 2 NO Specify: IF YES, GIVE WAR OR DATES ВУ Specify: White 3 X Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 16b. KIHD OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) dary (0-12) College (1-4 or 5+) 12 Homemaker 17. FATHER'S HAME (First, Middle, Lest) 18. MOTHER'S HAME (First, Middle, Melden Surname)
Eliza Catherine HOFE George Wilson AMBROSE BE 19a. IHFORMANT'S HAME (Type/Print) 19b. MAILING ADDRESS (Street and Humber or Rural Route Humber, City or Town, State, Zip Code)
2621 Magnolia Drive, Pawleys Island, S.C., 29585 0 Allen Johnston 20a METHOD OF DISPOSITION

Burial 2 Cremation 3 Re 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Park Heights Cemetery, November 12, 1993 Brunswick, Mi. □ Donation 5 □ Other (Specify) 21. SIGHATURE OF FUHERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Keeney and Basford P.A. Funeral Home MO0255 bus 106 East Church St., Frederick, Md. 21701 23. PART I. Entar the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cerdisc or respiratory arrest, shock, or heart failure. List only one deuse on each line. Approximate Interval Between IMMEDIATE CAUSE (Final Ogset and Death diseese or condition estitue resulting in death) 200 DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly list conditions. DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immedista cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 HO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ne 5 - Rasidence 8 - Other (Specify) 28a. DATE OF IHJURY (Month, Day, Year) 27. MAHHER OF DEATH 26b, TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 HO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Humber or Rural Route Humber, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide

CERTIFYIHO PHYSICIAH: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of ax ninstion end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day. 29c. LICEHSE HUMBER 016675 30. HAME AHD ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Dr. Wayne Allgaier 1610 Ninth Avenue, Brunswick, Maryland 21716 32. REGISTRAR'S SIGHATURE Lulia Saigdson Randalle DHMH-16 Rev 1/69

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TO BE COMPLETED BY FUNERAL DIRECTOR

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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IN THE ICENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within A car after death. Page 6 may be retained by the hospital or attending	IN THE PLINEAL DESTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	T.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR		STATE OF I	MARYLA					EALTH DEAT		MENT	AL HYGIEN	_	93	36489
1. DECEDENT'S NAME (First, Middle	, Last)									MO	TE OF DEATH		YEAR	3. TIME OF DEATH
	HLL	IAM H. J						1			7. 20 19	993		М
4. SOCIAL SECURITY NUMBER		5. SEX 1300 2 F	8. AGE (In		YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.		re of BIRTH South, Day, Year) G. 23 19	200		HPLACE (State or Foreign XYLAND
219-16-0790 9e. FACILITY NAME (If not Institution	, give str		9.	<u> </u>	1110.	9b. CITY	TOWN C	OR LOCATI	ON OF D		3. 23 1.		NTY OF E	
723 MELVIN A						ANNA								ARUNDEL
RESIDENCE OF DECEDER	OUNTY				10c CITY	, TOWN C	B LOCAT	ION						10d, INSIDE CITY
		ARUNDEL	4			APOL								LIMITS?
100. STREET AND NUMBER 723 MELVIN AVENUE 100. STREET AND NUMBER 21401 10. S. A.														
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN	U.S. ARM	ED	13.	MAS DEC	ENDENT C	OF HISPA	NIC ORI	GIN? (Specify Yes	or No—	14. BAC	E — American Indian.
1 Never Married 2 Merrie	d	FORCES? 1	☐ YES	2 X.NC)		f yes, sp		m, Mexico	an, Puer	to Rican, etc.)	0. 110	Biac	E — American Indian, ik, White, etc.
3 XXWIdowed 4 □ Divorced								7525	-	,.				ACK
15. DECEDENT (Specify only highes				(Givi	kind of w	USUAL O	CCUPATIO	ON ast of worldi	ng		166. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)		College (1-4 or 5	+)	Ma. E	Do NOT us	e retired.) LABO	RER				U.S. N	AVAL	ACAI	DEMY
17. FATHER'S NAME (First, Middle, Li								18. MOT			st, Middle, Maiden			
WILLIAM I.	JA	COBS							A	GNE	S HEBRO	N		
19a. INFORMANT'S NAME (Type/Prin	nt)										umber, City or Tow			
LILLIAN EVANS											OLIS, M			
20e. METHOD OF DISPOSITION 1 没渡uriel 2 □ Cremation 3 □ 4 □ Donation 6 □ Other (Specific		val from Stata		other place INEL				metery, crer RK	natory or			APOL:		MD.
21. SIGNATURE OF FUNERAL SERV	ICE LICE	ENSEE						ND ADDRE						
Lavy	N	Reese				F 8	EES 21	E & S WEST	SONS ST.	MO AN	RTUARY, NAPOLIS	P.A , MD	. 21	401
23. PART I. Enter the disease shock, or heart to					th. Do n	ot enter	the mo	de of dy	ing, aud	ch ae c	erdiec or reap	iratory a	rrest,	Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition reaulting in death)		SEP.	5/1											Onset and Death
		DUE TO	(OR AS A	CONSEC	JENCE OF	7: ~ B	. 7							
Sequentielly list conditions,	6 b	DUETO	(OR AS A				//	/						
If any, leeding to immediate cause. Enter UNDERLYING	•	, por ic	(On A3 A	CONSEC	JENOE OF	1.								İ
CAUSE (Disesse or Injury that initieted events	S °	DUE TO	OR AS A	CONSEO	JENCE OF	F):								
reaulting in deeth) LAST														
PART II. Other algnificent co	ndition	contributing to	death bu	it not re	aulting	In the u	derivin	d causa	alven ir	n Part I	. 24s. WAS AN	ALITOPSY	24	b. WERE AUTOPSY FINDINGS
	0	PX					. acriyii	g cacco	g		PERFO	RMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE
	-/										1 TYES	Z [] NO		OF DEATH?
25. WAS CASE REFERRED TO MED	HCAL							LACE OF	DEATH (C	heck onl	y one)			
EXAMINER? 1 VES 2 NO		HOSPITAL:	☐ ER/Outpi	etlent 3	□ DOA	OTHE		no 5 1 A	esidence	6 🗆 0	Other (Specify)			
27. MANNED OF DEATH 1 Netural 5 Pendir		26e. DATE O (Month,	F INJURY Day, Year)		26b. TIM INJ	E OF URY M	W	JURY AT ORK? YES 2	□ NO	28d.	DESCRIBE HOW	INJURY O	CCURED	
2 Accident Investi 3 Suicide 6 Could	not be	28a. PLACE building	OF INJURY	— At hon	ne, farm,	street, tac				261.	LOCATION (Street City or Town, State	and Numb	er or Rural	Route Number,
4 Homicide determ	nned													
one)		CIAN: To the best of												(e) and menner ee stated.
296. SIGNATURE AND TITLE OF CO	ERTUFIER	Ros	~	N	1.).			29c. MC	ENSE NU	UNBER	f	29d. DA	TE SIGNE	(Month, Def. Year)
30. NAME AND ADDRESS OF PERS	SON WHO	O COMPLETED CAL	JSE OF DEA	ATH (ITEM	27) (Type	Print)		()	+		OY.	4		1, 1,405
Donnes	C	Ro	ont	/	MO) _	16	16	700	EC,	OR	u	- 7	naspolis
31. DATE FILED (Month, Day, Year)	4000	32. REGISTR			L. 82_									
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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JUDR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, after this certificate has not been all burial burials permit on burial permit or remove	- 6
of THE FUNERAL DIRECTOR: After this certific	T'e
	30 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)			ERTIFI				ID MENTA	REG. NO)	3 3649	
	MARY F			J(OHNS	ON		2. DATE	OF DEATH	28	gran	3. TIME OF DEATH 03:04 PM	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER 24 H	RS. 7. DATE	OF BIRTN		8. BIRTNI	PLACE (State or Foreign	
	219-16-0848	1 🗌 M 2 💢 🛣	70	YRS.	MONTHS	DAYS	HOURS M		th, Day, Year)	923	MAR'	YLAND	
	9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY,	TOWN OR	LOCATION C	OF DEATH		9c. COU	NTY OF DE		
6 F	NORTH ARUNDEL HO	SPITAL A	SSOCIAT	ION	G	LEN :	BURNII	Ξ			A.A.	COUNTY	
DIRECTOR	10a. STATE 10b. COUNTY			f0c. CITY,	TOWN O	R LOCATIO	ON					10d. INSIDE CITY	
E E	MARYLAND ANN	E ARUNDE	L	ANNA	POL	IS						LIMITS?	
AL	10e. STREET AND NUMBER					101. 2	ZIP CODE	77.1		10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	29 W. WASHINGTON	ST. APT	202	2401	1779	27	1401			U.	S.A.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 MyDivorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED NO	If	yes, spec	NDENT OF NI Hy Cuben, Mi	SPANIC ORIGII exican, Puerto pecify:	N? (Specify Yo Rican, atc.)	en or No—	14. RACE Black Specifi BLA	— American Indian, , White, etc. y: CK	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(0	ECEDENT'S U Give kind of we b. Do NOT use HOU	ISUAL OC ork done d retired.) JSEW]	luring most	of working	161	b. KIND OF B	USINESS/INI			
M	17. FATHER'S NAME (First, Middle, Last)				-		46 MOTNED	S NAME (First,	Adiatata Adalata	a Company			
S W	THOMAS JOHNSON							RRIE H		n Surname)			
n	19a. INFORMANT'S NAME (Type/Print)		15	b. MAILING /	ADDRESS	(Street and		tural Route Num	The state of the s	wn, Statu, Zij	o Code)		
2	LINDA LOVETT 1829 DOVE COURT SEVERN, MD. 21144												
	20a. METHOD OF DISPOSITION 1 Graphical 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) To State 20b. PLACE AND DATE OF DISPOSITION (Name of cometory, crematory or other place) MT. ZION CHURCH CEMETERY 12/4/93 LOTHIAN, MD.												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A.												
	Zanau H	Ring											
	23. PART I. Entar the diseeses, or co	or plications the	t coused the d	eath. Do no	ot enter	the mode	ST ST	. ANNA	POLIS	MD.	214(Approximate	
	shock, of heart failure. L	lat only one car	ise on each lin								37.0	Interval Between Onset and Death	
		CAR	oire.	m	1557	-							
	resorting in death) , a	DUE TO											
Z	Sequentially list conditions,	ATTHO	POSCU	امرح	ne	D	(Sum	55					
2	If any, leading to immediate cause. Enter UNDERLYING												
CERTIFICATION	CAUSE (Disease or Injury that initiated events		(OR AS A CONSE										
Y	resulting in death) LAST												
_	DART II. Other electrices are distant		disable base and								-	1	
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PLEASE TO STORY OF THE PROPERTY OF THE										24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO	
ב	1200141 1	AMORA	אורטונ		110	ال- رح			1 TYES	2 NO	1 9	OF DEATH?	
Σ											100	1 YES 2 NO	
A	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)												
200	EXAMINER?	HOSPITAL:	ER/Outpatient		OTHER	h:	./	nce 6 🗆 Othe					
> ∣	27. MANNER OF DEATN 1 Natural 5 Pending	MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY WORK?						28d. DE	SCRIBE NOW	INJURY OC	CURED		
	2 Accident Investigation 3 Suicide 8 Could not be	OF INJURY — At h	M 1 VES 2 NO				281. LO	CATION (Street or Town, State	t and Numbe	r or Rural R	oute Number,		
B	4 Homicide 8 Could not be	298. CERTIFIER (CERTIFYING BAYESTAN, To the head of my beautiful and the second secon											
B	4 Homicide detarmined 29a. CERTIFIER (Check only 1 CERTIFYING PNYSIC												
	4 Homicide determined											and manner ea stated.	

1 CERTIFYING PNYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examin 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 041698 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Typo, Print)
STEPHEN HAMILTON, M.D./205 RIDGELY AVENUE/ANNAPOLIS, MARYLAND 21401 31. DATE FILED (Month, Day, Year) DHMN-16 Rev 1/89

Inditions or the Windistration of the

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

							REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last,		EVIN JOHN	JCON		2. DATE OF MONTH	DEATH		AR	TIME OF DEAT
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthde)				of	1 9		1130
		1 X M 2 F		MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.		Day, Year)		BIRTHPLA Country)	ACE (State or Fo
	212-92-7845 9a. FACILITY NAME (If not institution, give		32 YRS.			MARCH	13 19		D. (-
œ	ANNE ARUNDEL		777		R LOCATION OF D	EATH		9c. COUNTY	OF DEAT	н
DIRECTOR	RESIDENCE OF DECEDENT	MEDICAL CENT	ER	ANNAPO)LIS			ANNI	ARI	UNDEL.
Ę	10e. STATE 10b. COUN	ГҮ	10c. C	CITY, TOWN OR LOCAT	ION				100	d. INSIDE CITY
ᄚ	MARYLAND AN	NE ARUNDEL		GALESVI	LLE				1.6	LIMITS?
Į.	10e. STREET AND NUMBER				. ZIP CODE			10g. CITIZEN		- A
E	943 W. BENNING R	D.			20765			11 0		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YE	IN U.S. ABMED	13. WAS DEC	ENDENT OF HISPA	UNIC ORIGIN?	Specify Yes	or No.— 14.	RACE -	American India
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR		If yes, spe	2 XXO Speci	en, Puerto Rici lly:	an, etc.)		Black, Wi	
									Specify: BLA	CK
	15. DECEDENT'S ED! (Specify only highest grad	JCATION e completed)	(Give kind o	'S USUAL OCCUPATION of work done during mos	N st of working	16b. Ki	IND OF BUS	INESS/INDUST	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Inte. Do NOT	use retired.)						
	12th 17. FATHER'S NAME (First, Middle, Last)		UN	EMPLOYED						
		JCON .			16. MOTHER'S NA					
H	EDWARD E. JOHN 190. INFORMANT'S NAME (Type/Print)	NOON			ROSI	E D. H.	ARRIS			
2	DELORES JOHNSON			NG AODRESS (Street as						
			250	B HILL TO	P LANE A					
	20s. METHOD OF DISPOSITION 1 Notice of the second	noval from Stata C	emetery, crematory or	E OF DISPOSITION (Nat r other place)		DATE		CATION — City	or Town,	Stata
- 1	4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	E.	BENEZER (CHURCH CE	METERY	10/3/9	913 G	ALESVI	LLE	MD.
	21. SIGNATURE OF FUNERAL SERVICE L	∠ CENSEE			E & SONS		TADA	D 4		
	Lavry D. 1	Jeese		821 W	EST ST.	A MINA DO	JAKI,	P.A.	1401	
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	6	a ch'do							Interval Be Onset and 2d
RTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that instituted awards). DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
≏ 11	that initiated events	DUE TO (OR AS	A CONSEQUENCE	OF):				4	ľ	
EH	resulting in deeth) LAST	d						. 4		
빙	PART II. Other algnificant condition	d.	but not resulting) in the underlying	cause given in	Part I. 24	4n. WAS AN	AUTOPSY		RE AUTOPSY FI
빙	SCHOOLING ARREST	dna contributing to death	but not resulting) in the underlying	cause given in		PERFORI	MED?	COL	MPLETION OF C
EDICAL CE	SCHOOLING ARREST	d	but not resulting	g in the underlying	cause given in		1a. WAS AN A PERFORI	MED?	COL	ILABLE PRIOR ' MPLETION OF C DEATH?
: MEDICAL CE	SCHOOLING ARREST	d	but not resulting	g in the underlying	cause given in		PERFORI	MED?	COL	MPLETION OF C
: MEDICAL CE	PART II. Other algnificant conditions are algorithms.		but not resulting		cause given in	_ 1	PERFORI	MED?	COL	ILABLE PRIOR ' MPLETION OF C DEATH?
: MEDICAL CE	PART II. Other algnificant condition	HOSPITAL:		26. PL	ACE OF DEATH (C)	heck only one)	PERFORI	MED?	COL	ILABLE PRIOR ' MPLETION OF C DEATH?
: MEDICAL CE	PART II. Other algnificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 inpatient 2 RER/Ot	utpatient 3 DOA Y 28b, Ti	26. PL OTHER: 4 Nursing Home IME OF 28c. INJU	ACE OF DEATH (C)	heck only one) 8 Other (S	PERFORI	MED?	OF 1	ILABLE PRIOR ' MPLETION OF C DEATH?
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ETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined	HOSPITAL: 1 Inpatient 2 Service 28a. DATE OF INJUR (Month, Day, Year, 28a. PLACE OF INJUR building, etc. (Sy	utpatient 3 DOA Y 28b. Ti H RY — At home, farm	26. PL OTHER: 4 Nursing Home IME OF NJURY M 26c. INJU WOR 1 Y	ACE OF DEATH (CA) 5 GRasidence JAPAN AT RK7 ES 2 NO	8 Other (S 28d, DESCR 28f, LOCATI City or 1	PERFORI YES 2 Specify) RIBE HOW IN ON (Street ar. Town, State)	MED?	OF 1	ILLABLE PRIOR MPLETION OF C DEATH? YES 2 N
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O BE COMPLETED BY PHYSICIAN: MEDICAL CE	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN 29b. SIGNATURE AND TITLE OF CERTIFIER 20b. SIGNATURE AND TITLE OF CERTIFIER	HOSPITAL: 1 Inpatient 2 RER/Ox 28a. DATE OF INJUR (Month, Day, Year, 28a. PLACE OF INJUR building, etc. (Sc ilciAn: To the bast of my kno ER: On the basis of axaminst	utpatient 3 DOA Y 28b, Ti H RY — At home, farm pocify) owledge, death occur ition end/or investigat	26. PL OTHER: 4 Nursing Home ME OF NJURY M 26c. INJURY M 1 Y 1, street, factory, office orred at the time, date tion, in my opinion, de	ACE OF DEATH (C) 5 S Residence JRY AT RK7 RK7 And place, and due and place, and due and place, and due and place, and see the course of the course o	8 Other (S 28d, DESCR 28f, LOCATI City or 1	PERFORI YES 2 Specify) NIBE HOW IN ON (Street ar Town, State)	MED? NO JURY OCCURE and Number or R nor se stated, I due to the ce 29d. DATE SHC	AMA COI OF 1 [ED ED Lural Floute use(s) enc	ILABLE PRIOR IMPLETION OF C DEATH? YES 2 N Number, d manner se st
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

2	4	3
within	pletely	Areamen's
SPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	MERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely fil	the same of the decide which the Parts of Charles and Charles and Charles and Charles and the Same of the Charles
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ertifical	ing phy	- andian
death c	attend	Andal LL
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ATTE	ECTOR	an aftern
L OR	L DIR	4 4
SPITA	NERA	-

	1 - STATE REGISTRAR	STATE OF MARYL		ICATE C			IENTAL HYGIENI REG. NO.	E	0 00156
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	IOAIL	DEA		2. DATE OF DEATH		3. TIME OF DEATH
	TEORGE	121	JACK	SON	Te	. 1	MONTH DA	92	12 30 P M
			(In yrs. last birthday)	IF UNDER 1 YEA	A IF UNDER	24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
	579-42-1612	1 × M 2 □ F	58 YRS.	MONTHS DAY	8 HOURS	MIN.	(Month, Day, Year)	- TAT	country) ashington, D.C.
	9a. FACILITY NAME (If not institution, give stre	et and number)		96. CITY, TOV	N OF LOCATION	ON OF DEA		9c. COUNTY	
S S	616 Holly Cir	rcle		Aber	deen			Har	ford
DIRECTOR	RESIDENCE OF DECEDENT							nar.	Maria de la companya della companya
2	10e. STATE 10b. COUNTY	25020	10c. CIT	Y, TOWN OR LO		~~	. 1		10d. INSIDE CITY LIMITS?
	104. STREET AND NUMBER	L FO TLB		ABG			2		1 YES 2 NO
A A		Y C120			10f. ZIP CODE	-10	0.1		N OF WHAT COUNTRY?
FUNERAL		12. WAS DECEDENT EVER I		12 446			C ORIGIN? (Specify Yes		134
	1 Never Married 2 X Married	FORCES? 1 YES	2 NO	If yes	specify Cube	n, Mexican,	Puerto Rican, etc.)	Of 140—	. RACE — American Indian, Black, White, etc.
B	3 Widowed 4 Divorced	1952-1959		, ,	ES 2 NO	specify:			Specify: Black
COMPLETED	16. DECEDENT'S EDUCA (Specify only highest grade co	TION	16a. DECEDENT'S	USUAL OCCUP	ATION		16b, KIND OF BUS	INESS/INDUS	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during se retired.)					
M P	12	1	Tractor	Trail	er Dri	ver	U.P.	s.	
5 8	. 17. FATHER'S NAME (First, Middle, Last)						E (First, Middle, Maiden		
BE S	George Jackson,	Sr.					ian Estell		
2	190. INFORMANT'S NAME (Typo/Print) Inita Jackson						oute Number, City or Town		
TO BE COM		1				. 5.1			D.C. 20020
5	20e. METHOD OF DISPOSITION 125 Burlal 2 Cremation 3 Remov 4 Donation 5 Other (Specify)		netery, crematory or o	ther place)					y or Town, Stats
-	21. SIGNATURE OF FUNERAL SERVICE LICE		heltenha		AND ADDRES			eltenr	nam, Maryland
examiner	* Grand A	1.					Funeral ryland 21	Home.	P.A.
	Jany h Mi	Blevan		Ab	erdeén	, Mai	ryland 21	001–33	399
Tegical Tegical	23. PART I. Enter the diseases, or co- shock, or heart failure. Li-	st only one ceuse on e	athe death. Do i	not anter the	mode of dyl	ng, such	as cardiac or respi	ratory arrea	t, Approximate Interval Between
90	IMMEDIATE CAUSE (Final disease or condition	A	- (-	0				A .	Onset and Death
event,	resulting in death) a.	A CU I'E	A CONSEQUENCE O	D. D.	my	forty of	rierd	19181	3/116
		ASCVI		. ,.					
TATION	Sequentially list conditions, If any, leading to immediate		CONSEQUENCE O	F):					
E E	cause. Enter UNDERLYING CAUSE (Disease or Injury								
TIFIC	that initieted events	DUE TO (OR AS	CONSEQUENCE O	F):					
CERTIFICATION	resulting in death) LAST								
	PART II. Other algolificant conditions	contributing to deeth b	out not resulting	In the underl	Ing cause o	alven in P	Part I. 24e, WAS AN	AUTOPSY	24b. WERE AUTOPSY FINDINGS
ICAL		HYPER					PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE
E E		DIABET		CLL "	7/1		1 YES 2	XNO	OF DEATH?
2 ≥		CIFF		<u> </u>	0_3		-		1 TYES 2 THO
SICIAN	25. WAS CASE REFERRED TO MEDICAL	2 111		26	PLACE OF O	EATH (Chec	ck only one)	-	
		HOSPITAL:	petient 3 DOA	OTHER:	lome 5 🖫 Re	sidence 6	Other (Specify)		
HY OF	27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	28b. TIN		INJURY AT WORK?		28d. OEŞCRIBE HOW II	JURY OCCUP	REO
BY PF	1 Naturel 5 Pending 2 Accident Investigation	NA	12	A	YES 2	NO	NA		
	3 Suicide 6 Could not be	26s. PLACE OF INJURY building, etc. (Spe	/ — At home, farm,	street, factory, c	ffics		281. LOCATION (Street a City or Town, State)		
COMPLETED	4 Homicide determined		NA				Only or formit, orace)	NA	
APLE	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI)	AN: To the best of my know	rledge, death occurr	ed at the time, o	late end place,	, and due to	o the cause(s) and man	ner as stated.	
S O	one)	On the besis of examination	n snd/or investigation	on, In my opinio	s, death occur	red at the ti	me, dats and place, and	d due to the c	sause(s) and manner es stated.
M O	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICE	ENSE NUME	BER	29d. DATE S	IGNED (Month, Day, Year)
BE C	4 amout wh	hn	DME	•	0	21	809		2.1.43
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF OF	ATH (ITEM 27) (Type	, Print)					
	GPRABHU 19	\$10 BEZA	tir ru	S HI	02 F	AL	LSTON	MD	21047
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN		71		- -			
/	DEC 03'93	1- Maidson-1	andelle						

Of Col.

3. TIME OF OEATH

e. BIRTHPLACE (State or Foreign Country)
Dist Of Col

9c. COUNTY OF DEATH

2. DATE OF DEATH DAY 1, 19/0/3

7. DATE OF BIRTH (Month, Day, Year)
Aug 16,1936

Delor

4. SOCIAL SECURITY NUMBER

220-34-8958

Kelley

9b. CITY, TOWN OR LOCATION OF DEATH

IF UNDER 1 YEAR IF UNDER 24 HES.

Delores Estelle

8. AGE (In yrs. last birthday)

YRS.

5. SEX

1 🗆 M 🌣 📆 🖺

Should 8

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

6	RESIDENCE OF DE		Hospital			SIIV	er Spri	.ng		Mor	itgor	nery
<u> </u>	10e. STATE	10b. COUNTY	,		10c. CITY, TO	OWN OR LOCAT	TION				10	d. INSIDE CITY
DIRE	Maryland	Mont	tgomery		S	ilver	Spring	ī				LIMITS?
A	10a. STREET AND NUMBER				1		ZIP CODE			10g. CITIZI		T COUNTRY?
FUNERAL	710 K	erwin	Rd,			:	20901			U.	S.A.	
5	11. MARITAL STATUS		12. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. AR	RMED		ENDENT OF HISPA			or No — 1	4. RACE — Block, W	American Indian,
<u>M</u>	1 Never Married 2 X 3 Widowed 4 Div		If yes, specify Cuban, Mexican, Puerlo Rical IF YES, GIVE WAR OR DATES If yes, specify Cuban, Mexican, Puerlo Rical 1 ☐ YES 2 ☑ NO Specify:				riican, atc.)					
03		CEDENT'S EDUC	PATION	140.00		1					Bla	ack
ETE	(Specify on	ly highest grade	completed)	(G	CEDENT'S USU live kind of work Do NOT use rel	done during mo		16	b. KIND OF BUS	SINESS/INDU	STRY	
MPL	Elementary/Secondary (College (1-4 or 5+)				sing As					
CO	17. FATHER'S NAME (First, A			DI	Sabre	A NULL	18. MOTHER'S NA		Mirkila Mairian	Sumamal		
C	Henr	v Su	rles					cil		Lee		
m	19a. INFORMANT'S NAME (19	b. MAILING ADI	ORESS (Street a	nd Number or Rural			n, State, Zio C	Code)	-
임	Mr Gilbe	rt N.	Kelley		710	Kerwi	n Rd, S	Silv	er Sp	ring	, Md	20910
	20a. METHOD OF DISPOSIT	TION		20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, cremetory or other place)					E 20c. LO	CATION — CI	ty or Town,	State
	4 Donation 5 Other	(Specify)	TVIII ITOM State	Gate	Of H	eaven	Cem.	112	/ Si	lver	Snr	5M pai
- 1	Gate Of Heaven Cem. 12/7 Silver Spr											
	Snowden Funeral Home I 246-N. Washington St											
	23. PART i. Enter the d	liseases, or c	omplications that cau	sed the de	eth. Do not					St.]	Rock	
	shock, or h	eart fallure. L	jst only one cause of	each line	V-oib	ascul	ar Dies	2260	dide of realpr	ratory site:	u.,	Approximate interval Between
	disease or condition	nai		Car	e death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, in ardio-Vascular Disease or State Vascular Disease or State Vascular Disease					Onset and Death		
1	resulting in death)		DUE TO (OR A									
z												j
CATION	Sequentially list condit if any, leading to imme	DUENCE OF):										
<u>র</u>	cause. Enter UNDERLY CAUSE (Disease or Inju											
RTIFI	that initiated events resulting in death) LAS		DUE TO (OR A	S A CONSEC	DUENCE OF):							
CEH	Towarding in deathly End		l									
_	PART II. Other aignifica	ent conditions	contributing to deat	but not r	eaulting in th	e underlying	cause given in	Part i.	24e. WAS AN		24b. WE	RE AUTOPSY FINDINGS
MEDICA									PERFOR			MILABLE PRIOR TO MPLETION OF CAUSE
									1 1 123 2	□ NO		DEATH?
			1					YES 2 NO				
SICIAN	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL				26. PL	ACE OF DEATH (Ch	neck only o	ne)	_		
<u>i</u>	1 YES 2 NO		HOSPITAL:	utpatient 3		HER: Nursing Home	5 🗆 Residence	6 🗆 Othe	er (Specify)			
AH.	27. MANNER OF OEATH		28a. OATE OF INJUR (Month, Day, Yea		28b. TIME OF		URY AT		SCRIBE HOW II	NJURY OCCU	RED	
		Pending Investigation	, , , , , , , , , , , , , , , , , , , ,				ES 2 NO					
	2 Distribute	Could not be determined	26s. PLACE OF INJU- building, etc. (S	IRY — At ho pecify)	me, farm, street	, lactory, office		281. LOC	ATION (Street a or Town, State)	nd Number or	Rural Route	Number,
בובני		aerarminea										
			DAN: To the best of my kr									
5	one) 2	ICAL EXAMINER	3: On the basis of examina	tion and/or I	investigation, in	my opinion, de	eath occured at the	Hme, dete	and place, an	d due to the	cause(s) and	d manner as stated.
	296. SIGNATURE AND TITLE	OF CERTIFIER					29c. LICENSE NUI	MBER		29d. DATE S	SIGNEO (Mo	onth, Day, Year)
2	-21	~	- John		ر دس		2008	321	16	D	ec-	1-1992
-	30. NAME AND ADDRESS OF	F PERSON WHO	1	DEATH (ITER								- Lide
	JOHN	7	(com por		87	5(80	الاحد	1251	K I	ACE	8	3e/Took
	31. DATE FILED (Month, Day,	993	Sitia Davidson	GNATURE	22							
	25000	(
												DHMH-16 Rev 1/80

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

		1. DECEDENT'S NAME (First,	ORTS	ARLENI	E KUNI	NC					2. DATE OF	DA	W 1.00	YEAR	3. TIME OF DEATH
		4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (in yrs. las			4 4540	T		Nov.		199		8:30 pm M
		156-14-12		1 M 2 以 F	70	YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF I (Month, De	ly, Year)	000	Countr	
PS		Sa. FACILITY NAME (If not in			70	Tho.	al Burn				Sept.	18,1			Jersey
3 should	œ	William Hil			Conton		96. CITY		OR LOCATI				9c. COUN		
2,	CTOR	RESIDENCE OF DEC		ttii Care	C enter			C.	ambr	Idg	е		סע	ren	ester
permit. Pages 1,	REC	10e. STATE	10b. COUNT	Υ		10c, CIT	Y, TOWN	R LOCAT	TION						10d, INSIDE CITY
8	5	Maryland	Do	rcheste	r			Ca	ambr	idge	9				LIMITS? 1 YES 2XXNO
berm	A	10a. STREET AND NUMBER						10	1. ZIP COD	E			10g. CITIZ	ZEN OF V	VHAT COUNTRY?
萝	E	1744 Tr	avers	Wharf	Road				216	513		4	U	I.S.	A .
after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit moval. I was a summer must be notified at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 🔀 3 Widowed 4 Divo		FORCES?	NT EVER IN U.S. AR			If yes, sp		n, Maxica	IIC ORIGIN? (S n, Puerto Rice :		or No-	14. RACE Black Speci	- American Indian, c, White, atc.
as the											100				white
use a	TED		EDENT'S EDU y highest grade		(G	CEDENT'S	work done			ng	16b. KIN	ID OF BUS	INESS/IND	USTRY	
d for	LET	Elementary/Secondary (0	l-12)	College (1-4 or 5	+)	home		or			172				
he hospit detached once.	COMPL	17. FATHER'S NAME (First, M.	iddle (net)			HOME	mak	CI	1 40 1407	HEDIO MA	ME (First, Midd	4. A4-14			
be de	_	II. PATTER 9 NAME (FIRST, IN.		hur Bi	rownbri	dge			18. MOII		ice.		nger		
should should	BE	19a. INFORMANT'S NAME (7)	Vpe/Print)				ADDRESS	S (Street)	and Number		Route Number, (-		
ay be retained to page 5 should to be notified	5	William A		ing								Ca	mbri	dge	Md.21613
age 6 may director, pa er must t		20a. METHOD OF DISPOSITE 1 ☑ Burial 2 ☐ Crematio 4 ☐ Donation 6 ☐ Other	n 3 🗆 Rem	oval from State	20b. PLACE Cometery, cre Dorch	ANDDATE OF OR OR OR OR OR OR OR OR OR OR OR OR OR	of dispos ther place) Men	nori	ane of al Pa	ark :	12/3		bridg		aryland
death. Pag tuneral di. examiner		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY													
ter death. P the funeral yval.		Keenth R Thomas Funeral Home 700 Locust St. Cambridge Md. 21613													
withir cours noletely filled in t tremation, or re went, the med		23. PART I. Enter the di ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	a. CV	of OR AS A CONSE			the mo	oda of dy	Ing, auci	h aa cardiac	or reaple	ratory arm	eat,	Approximata Interval Between Onset and Death
certificate be executing physician and fygiene prior to bur traumatic	CERTIFICATION	Sequentially list condition in any, leading to immecause. Enter UNDERLYI CAUSE (Disease or injuthat initiated events resulting in death) LAS	diate ING Iry	b. DUE TO	~	OUENCE OF									
the death y the atter of Mental Injury, o		PART II. Other aignifica	nt condition	a contributing to	death but not i	reaulting	In the ur	derlyin	g cause :	given in	Part I. 24	. WAS AN		24b	WERE AUTOPSY FINDINGS
uires that signed b Health an NWS any	MEDICAL	Ar	thri	tis	ia						1	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
e law req has been Dept. of 1 23 sho	N.			/											
SICIAN: The la certificate has the State Deg 1, or Item 23	PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:			OTHE		LACE OF D	EATH (Ch	eck only one)				
craffic the S	YS	1 YES 2 NO			ER/Outpetient 3		40 Nur	noH gnla		esidence	6 Other (S)	-		-12	
After this c death with s marked,	ву Рн		Pending Investigation	28a. DATE Of (Month, i	Pay, Year)	28b. TIM INJ	IE OF JURY M	WC	JURY AT ORK? YES 2	ON [28d. DEŞCRI	BE HOW II	NJURY OCC	CURED	
OR ATTENDING DIRECTOR: After nours after death fem 28 Is ma	ETED 8		Could not be datermined	28e. PLACE (building	OF INJURY — At he, etc. (Specify)	ome, farm, i	street, fac	lory, offic			281. LOCATIO City or R	ON (Street a own, State)	and Number	or Aurel I	Route Number,
= 2 k E	COMPLI	enel		ICIAN: To the best of											a) and manner as stated.
TO THE FUNER TO THE FUNER be filed within IMPORTANT:	BE	296. SIGNATURE AND TIPLE	OF CERTIFIE	1	11	100			29c. LIC	ENSE NUM	1BER 598		29d. DATE	SIGNEO	(Month, Dey, Year)
8	10	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAL	54 (nam.	hour	100	N	1 1	211	113		_/_	7/10
0		31. DATE FILED (Month, Day,	Year)		AR'S SIGNATURE	1-		10			~16				
		חבר	3 '93	de	AR'S SIGNATURE	n-Han	dell								Total Call III

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

30. NAME AHO ADDRESS OF PERS

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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
S. Johnson Drive

32. ABBISTRAR'S SIGNATURE PANGETTA

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law requires that the death certificate be executed within	
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NDING PHYSICIAN: The	
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THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed withink. Durs after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygher prior to burial, cremation, or removal. PORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examiner must be notified at once.
HE HOSPITAL HE FUNERAL He within 72 h

1 - STATE REGISTRAR		OINIE OI II				DEATH	MENTAL HYGIEN	-	50	364	20		
1. DECEDENT'S, HAME (First CHESTER.	t, Middle, Lest)	FLOYD	me.	KERNS	S.SR.			1993	YEAR	3. TIME OF DEA 8:53	н		
4. SOCIAL SECURITY NUM	BER	5, SEX	6. AGE (In yrs. Is		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1993		HPLACE (State or F			
197-22-0240)	1 XX M 2 ☐ F	63	YRS.	ONTHS DAYS	HOURS MIN.	Jan. 27,	1930	Coun	yland			
Sa. FACILITY NAME (If not				1		OR LOCATION OF			UNTY OF				
Frederick N RESIDENCE OF DE 100. STATE Maryland		al Hospit	al		Freder	rick		Fre	ederi	.Ck			
10a. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR LOCA	ATION				10d, IHSIDE CIT	Y		
Maryland	Fred	erick		Thu	rmont					LIMITS?	NO		
10e. STREET AND NUMBER		VI	E V		10	H. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?			
7109 Blue 1	Mounta	in Rd.	3.11		553	21788			U.S.	.A.			
10e. STREET AND NUMBER 7109 Blue I 11. MARITAL STATUS 1 Never Married 2 S Widowed 4 Div		IF YES, GIVE W	X YES 2	ARMED]HO	If yes, s		ANIC ORIGIN? (Specify Years, Puerto Rican, atc.)	es or No	Spec	CE — American Ind ck, White, etc. city: nite	len,		
15. DE	CEDENT'S EDU	ICATION	16e. D		SUAL OCCUPAT		16b. KIHD OF BU	JSINESS/IN		1106	-		
Elementary/Secondary (College (1-4 or 5 -		fe. Do NOT use	1111111								
10		N/A		Cons	truction	7	Cont						
		4 77					AME (First, Middle, Meider			D = =1=1			
Ieslie	Odel	I Ke	erns	95 MAILING A	DDRESS (Street	Emma			Tin Code)	Reckley			
	Rebecca Flohr					195. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 7109 Blue Mountain Rd., Thurmont, MD 21788							
20e. METHOD OF DISPOSIT	206. METHOD OF DISPOSITION 206. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION City										_		
	1X Buriel 2 Cremation 3 Removed from State 4 Donation 5 Other (Specify) Cametary, Crematory or other place) Resthaven Memorial Gardens 12/3 Frederick, Maryland												
- U Donation 5 U Othe	r (Specify)		- Rest	naven	Memoria					Marylan	d		
21. SIGNATURE OF FUNER			- Rest	naven	Memoria 22. NAME A	al Garden	ns 12/3 Fro	eder	ick,				
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEL	- Restl	naven 1	Memoria 22. NAME A Rober 615 1	al Garden ADDRESS OF F Tt E. Da: E. Main S	ns 12/3 Fro ACULTY iley & Son St., Thurm	Func	ick, eral MD 2	Homes,			
21. SIGNATURE OF FUNERA	AL SERVICE LI	complications the List only one cau	t caused the d	death. Do no	Memoria 22. NAME A Rober 615 1 t anter tha m	al Garden ADDRESS OF F CT E. Da: E. Main S ode of dying, su	ns 12/3 Fro ACULTY iley & Son St., Thurm	Func	ick, eral MD 2	Homes,	P.A.		
21. SIGNATURE OF FUNER, 22. FART I. Enter the control of the shock, or it immediate CAUSE (Fi disease or condition resulting in death)	liceases, or neart failure.	complications the List only one cau a	t caused the dise on each lin	death. Do no no no.	Memoria 22. NAME A Rober 615 I	al Garden ADDRESS OF F CT E. Da: E. Main S ode of dying, su	ns 12/3 From the second	Func	ick, eral MD 2	Homes, 21788 Approximinterval E	P.A.		
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rederill



Amended #2, 12/2/93, G.L.H., Frederick Co.
FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1 - REGISTRAR		CE	RTIF	ICATE OF	DEATH	REC	G. NO.		
		1. DECEDENT'S NAME (First, Middle, Last) Clark Emory I						2. DATE OF DE	ATH_1/26/9 29, 1993	YEAR 3	TIME OF DEATH 12:25 AM M
P		4. SOCIAL SECURITY NUMBER 215-20-9260	XX M 2 □ F	AGE (In yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, Day, November)	тн	a. BIRTHPL Country) Virg	ACE (State or Foreign
2, 3 should	стов	96. FACILITY NAME (If not Institution, give Frederick Memori RESIDENCE OF DECEDENT		ıl		Freder	cick	EATH		of DEA	
Pages 1.	DIREC	10e. STATE 10b. COUNT Maryland Frede				y, town or locat	TION				od. INSIDE CITY
sit permit.	AL	10. STREET AND NUMBER 4019 Lynn Burke			110		21770		10g. CITIZ	_	YES 2 NO
5-0020 nding physician. Is the burial-transit	BY FUNER	11. MARITAL STATUS 1 Never Married 2 Married XX Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? XXX IF YES GIVE WAR FED. 5, 1945	VER IN U.S. ARM VES 2 NO OR DATES	6. 19	If yes, sp	CENDENT OF HISPAI ecify Cuben, Mexica 2 X NO Specif	an, Puerto Rican, e	cify Yea or No—	14. RACE — Black, V	- American Indian, White, etc.
2121 al or atte for use a	ETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION	16a. DEC (Give life. L	EDENT'S a kind of v	USUAL OCCUPATION	DN sst of working		of Business/INDU		
YLAND: by the hospital d be detached it at once.	BE COMPL	17. FATHER'S NAME (First, Middle, Last) Lewis Leuton KI	INE					Marie C	Maiden Surname)		
be retained to ge 5 should e notified	10	190. INFORMANT'S NAME (Type/Print) Clark E. Kline, J	lr.				289 B, He				ginia 25427
MORE e 6 may rector, pa		20s METHOD OF DISPOSITION **Martel 2 Cremation 3 Ren 4 Donalion 5 Other (Specify)	noval from State			of disposition (Ne	y November	29,1993	Frederic	k, M	aryland
BALTIMOR after death. Page 6 m y the funeral director. noval.	0	21. SIGNATURE OF FUNERAL SERVICE LI	Dia	MOO2		Keeney	on address of fa and Bas ast Churc	sford P.	A. Funer	al H	Ome
760, ed within 24 nours ompletely filled in to al. cremation, or re-	Z	23. PART I. Enter the diseasea, prahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	rist only one cause	on each line.			estery				Approximate interval Between Onset and Death
P.O. BOX th certificate be ex ending physician a I Hygiene prior to or other traum	CERTIFICATION	Sequentielly list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO (OR	AS A CONSECU LAS A CONSECU	JENCE OF	Type	7				5 yrs
RECORDS, w requires that the dear been signed by the att or, or Health and Menta shows any injury,	MEDICAL	PART II. Other aignificent condition	ne contributing to dec	eth but not re	suiting i	in the Underlying	g ceuse given in	P	AS AN AUTOPSY ERFORMED? YES 2 NO	Of Of	ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
TAL IThe law te has but Dept.	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (Ch	eck only one)			
F VIT SICIAN: Th certificate the State the State	14SI	1 TYES 2 OKNO 27. MANNER OF DEATH	1 - Inpatient 2 XER		DOA 28b. TIM		e 5 🗆 Residence				
O # # # 5	BY PI	1 Natural 5 Pending Investigation	(Month, Day, Y	(bar)	INJ	M 1 1	PRK? YES 2 NO	28d. DESCHIBE	HOW INJURY OCCI	IRED	
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is mar		3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY — At hom (Specify)	e, farm, s	treet, factory, office		281. LOCATION (City or Town	Street and Number of State)	r Rurel Rout	® Number,
로 작은 =	COMPLETED	2 MEDICAL EXAMINI	ER: On the best of my	knowledge, deat	h occurre reatigatio	ed at the time, date	and place, and due	to the cause(s) at time, data and plo	nd manner as state	i. cause(s) ar	nd manner as stated.
TO THE HOSPI TO THE FUNER be filed within IMPORTANT:	TO BE	296. SIGNATURE AND ETTLE OF CENTIFIE	uc,	MI			DO 9.	5/8			7-93
111		or. J. R. Poiri					e, Frede	rick. M	arvland	2170:	2
		31. DATE FILED (Month, Day, Year) NOV 2 9 19	32. REGISTRAR'S	SIGNATURE			,		- James		

		1. DECEDENT'S NAME (First, Middle MICHAEL		NNEDC	1					2. DATE OF DEATH	PT 9	3. TIME OF DEATH
6.9		4. SOCIAL SECURITY NUMBER 096-20-8/87	5. SEX	6. AGE (In yrs. Ia.	st birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	7. DATE OF BIRTH		BIRTHPLACE (State or Foreign Country) [ew York]
1, 2, 3 should	TOR	90. FACILITY NAME (If not institution WASHWETON RESIDENCE OF DECEDE	give street and number)	HOSPIT	pr				ON OF DEA	NTH	9c. COUNT	SH WOTEN
nit. Pages	DIRECTOR	Maryland	Frederick		10c. CIT	y, town o	ths	burg				10d. INSIDE CITY LIMITS? 1 YES 2 NO
n. Insit permit.	FUNERAL	100. STREET AND NUMBER 13201 Wolf	sville Road				101	i. zip cod 21	.783		100	U.S.A.
ding physician.	B	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	T EVER IN U.S. AF	RMED NO	11	yes, sp	ecify Cube		C ORIGIN? (Specify Y , Puerto Rican, etc.)	ee or No 1	4. RACE — American Indian, Black, White, etc. Specify: White
D Z I Z I D - O ospital or attending hed for use as the	APLETED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)		+)	aive kind of to b. Do NOT ut	usual oc work done d se retired.)	uring mo	st of worki		t Unis		poration
by the hospit d be detached	BE COMPL	17. FATHER'S NAME (First, Middle, Li	Daniel K	ENNEDY						e (First, Middle, Meide sta HOPPI		
may be retained or, page 5 should set be notified	TO B	190. INFORMANT'S NAME (Type/Priv Mrs. Mary V. K 200. METHOD OF DISPOSITION	ennedy	20b. PLACE	3201	Wolf	SVI	11e	Road,	Smithsb	urg, Mo	d. 21783
ler death. Page 6 ma the funeral director, page.	100000	1 NBuriel 2 Cremetion 3 4 Donation 8 Other (Specification Schools) 21. SIGNATURE OF FUNERAL SERV	1)	St. M	ematory or o	Luth	era	n Cer	Basf	y, Nov.18	3,1993, Funera	Wolfsville,Md
and certificate be executed within, chours after attending physician and completely filled in by the last Hyglene prior to burist, cremation, or remove, or other traumatic event, the medical	ERTIFICATION	23. PART I. Enter the disease abook, or heart fs IMMEDIATE CAUSE (Final disease or condition resulting in desth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST	a. Over to	rise on each line	GUENCE O	and Site		_[1		rCTUN Kemi		Interval Between Onset and Death Rule On 1976 HULLOW 1976 HOULDS DAY
requires that the death been signed by the atter of Health and Mental shows any injury, or	: MEDICAL C	PART II. Other significant con	nditions contributing to	death but not LITLES) NOSTA		HU	derlyin	g cause	given in F	Part I. 24e. WAS A PERFO	N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN: The law req this certificate has been with the State Dept. of riked, or item 23 shy	SICI	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 VES 2 NO	HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER	12		DEATH (Chec	ck only one) Other (Specify)		
NG PHYSICIAN: The fler this certificate sath with the State marked, or Item	ву Рну	27. MANNER OF DEATH 1 Netural 8 Pendin 2 Accident Investig	9	F INJURY Day, Year)	28b. TIN	-	28c. IN.	JURY AT DRK? YES 2	20	28d. DESCRIBE HOW	INJURY OCCU	RED
TTENDI TTOR: A after of	8	3 Suicide 8 Could 4 Homicide daterm	not be building	OF INJURY — At h., etc. (Specify)	ome, farm,	street, facto	ery, offic		LO.	281. LOCATION (Stree City or Town, Star	et end Number o te)	r Rural Route Number,
OSPITAL OR A UNEMAL DIREC	COMPLET	one) 2 MEDICAL E	1									d. couse(s) and manner so stated.
R	TO BE	290 Additional Turk of CE	1 FAIN	ENSIX.	boen	n	7	29c, LIC	ENSE NUM	O G	29d. DATE	SIGNED (Month, Day, Year)
	. 1	31. DATE FILED (Mogrin, Day, Mar)	ON WHO COMPLETED CAL	AR'S SIGNATURE	M 27) (Type	182	5	Hu	wer	e TU	HAOC	ns Tuny (b)
		NOV17		Davidson	Randa	12 m						

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nding physician.	s the burial-transit permit. Pages	death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	
by the hospital or afte	be detached for use a		of ones
age 6 may be retained	director, page 5 should		ar miret he notified
certains after death. P	filled in by the funeral	on, or removal.	he modical evamie
HYSICIAN: The law requires that the death certificate be executed within 241,50 after death. Page 6 may be retained by the hospital or attending physician.	ysician and completely	prior to burial, cremati	d or tem 22 shows any injury or other traumatic awant the modified avantage must be applied at angel
that the death certific	hed by the attending ph	Ith and Mental Hygiene	any inhisty or other
CIAN: The law requires	ertificate has been sign	the State Dept. of Heal	or Heen 22 shows
OR ATTENDING PHYSIC	DIRECTOR: After this ce	ours after death with t	hadren of DC man
TO THE HOSPITAL C	TO THE FUNERAL D	Destilled of thin 72 hr	the DO man of the line of the

ALAN CARROLL
31. DATE FILED (Month, Day, Year)
NOV 1 7

Μ. D.

	FOR 1 - STATE REGISTRAR	STATE OF MARYI		TMENT OF H		MENTAL HYGIEN		93 364
	1. DECEDENT'S NAME (First, Middle, Last)	FRANCIS R		CELLY	DEATH	2. DATE OF DEATH MONTH DI NOV. 12	AY YI	an 3. TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 214-32-4902 9a. FACILITY NAME (# not institution, give str	1 M 2 □ F	(In yrs. lest birthday) 88 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE			BIRTHPLACE (State or Foreign Country) MMITSBURG, MD
CTOR	22 W. MAIN ST.			EMMIT	SBURG	SAIN		ERICK
L DIRECTOR	MARYLAND FRED	ERICK		MITSBUR	G		I	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	22 W. MAIN ST.	12. WAS DECEDENT EVER	IN U.S. ARMED		ZIP CODE 21727	NIC ORIGIN? (Specify Yea	U.S.	A . BACE — American Indian,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2 XNO	If yes, ap	ecify Cuban, Mexica 2 NO Specifi	in, Puerto Rican, atc.)	10.110-11	Specify: WHITE
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) Cotlege (1-4 or 5+)	(Give kind of a life. Do NOT us	work done during me se retired.) KEEPER	ON set of working	ST. JOS PROVINC	EPH'S	
BE CON	17. FATHER'S NAME (First, Middle, Last) FRANK P. KELL	Y			HENRI	ME (First, Middle, Maiden ETTA LING)	G	
5	190. INFORMANT'S NAME (Typo/Print) DONALEAN M. KEL	LY				Route Number, City or Tow TSBURG, MD		
	20e. METHOD OF DISPOSITION 1½] Burlel 2 ☐ Cremetion 3 ☐ Remo 4 ☐ Donetion 5 ☐ Other (Specify)	oval from State	other place) NEW ST. J		metery, cremetory or	100		RG MD .
	21. SIGNATURE OF FUNERAL SERVICE LICE		2	22. NAME A	W MAIN	SKILI	ES FUNI	ERAL HOME , MD. 21727
	23. PAP 1. Enter the disease, or cahock, or heert failure. E IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on		suls_				
CERTIFICATION	Sequentielly flat conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		A CONSEQUENCE O					
PHYSICIAN: MEDICAL C	PART II. Other significant conditions	a contributing to deeth	but not resulting	In the underlyin	g cause given in	Part I. 24s. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Ou	tpatient 3 DOA	OTHER:	LACE OF DEATH (Ch	s Other (Specify)		
BY	27. MANNER OF DEATH 1 X Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. DATE OF INJURY (Month, Day, Year) 28e. PLACE OF INJUR	IN	M 1 _	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW I		
COMPLETED	4 Homicide determined	building, etc. (Sp	ecity)			City or Town, State)	
	one) 2 MEDICAL EXAMINE				death occured at the	time, date and place, er	nd due to the c	ceuse(e) end manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	lla_	Com	allun	D L8	3705		EMBER 12, 199
-	30. NAME AND ADDRESS OF PERSON WHO	U COMPLETED CAUSE OF D	EATH (ITEM 27) (Typi	, Print)				

D., S. SETON AVE., EMMITSBURG, MD. 21727

32. REGISTRAR'S SIGNATURE

Guia Davidson-Randelle

- 3	1. DECEDENT'S NAME (First,	Middle, Last)				10/11		DEA		2. DATE OF OEATH		-	3. TIME OF OEATH	
	Wi				NTZ				November 11,199			93 7:42 a M		
	4. SOCIAL SECURITY NUMBER		5. SEX 6. AGE (In yrs. la				R 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH		8. RIETHPLACE (State or Foreign			
	214-30-1814			1 M 2 □ F 7(S. MONTHS E		HOURS MIN.		Sep. 18,	1923	23 Maryland		
~	9a. FACILITY NAME (If not institution, give street and number)											NTY OF OEATH		
2	Frederick Memorial Hospital					Frederick					Frederick			
E C	10a. STATE 10b. COUNTY					Y, TOWN	TOWN OR LOCATION 10d IP					10d. INSIDE CITY		
님	Maryland Frederick				Frederick							LIMITS?		
A	10e. STREET AND NUMBER					10f. ZIP CODE			10g. CITIZEN OF WHAT			24		
COMPLETED BY FUNERAL DIRECTOR	5313 Reels Mill Road							21701			1	U.S.A.		
	11, MARITAL STATUS 12, WAS DECEDENT EVER 1 Never Married 2 12 Married FORCES? 1 YE			EVER IN U.S. A	IN U.S. ARMED		. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.)							
	1 Never Married 2 Married FORCES? 3 Wildowed 4 Divorced FORCES?				1 ☐ YES 2 NO Specify:			Specify: White						
	15. DECEDENT'S EDUCATION 188				ECEDENTIS	LIGHAL O	USUAL OCCUPATION					<u> </u>		
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)				Give kind of a	vork done during most of working e retired.)			16b. KIND OF BUSINESS/INOUS					
	8				Constructi					Building				
	17. FATNER'S NAME (First, Middle, Last)									ME (First, Middle, Maiden Surname)				
BE (Vernon	J.	K	OONTZ				Coı	ca	Н.		RABB	ITT	
0	19a, INFORMANT'S NAME (7)									loute Number, City or				
Ţ	Mrs. Yveena		Koontz	5	313 1	Reels	s Mi	11 R	oad,	Frederic	k, Ma	ryla	nd 21701	
	II 13/ Burial 2 Cremation 3 Ramoval from State						of Date 20c. Location - City or Town, State 20c. Location - City or Town, State 21/13/93 Libertyown, Maryland							
	4 ☐ Donation 5 ☐ Other 21, SIGNATURE OF FUNERAL		ENGEE	Fairm	ont (ibert	yown	, Maryland	
	1/11 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					Z2. NAME AND ADDRESS OF FACILITY Keeney & Basford P.A. Funeral Home								
	Actt 1	non	Koben	en i	10070	5 10	06 E	. Chu	ırch	St., Fre	deric	k, M	D 21701	
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. Approximate interval Between													
	IMMEDIATE CAUSE (Final													
	a. Cardiorespiratory Arrest Due to (or as a conscouence of:													
z														
CERTIFICATION	Sequentially list conditions, if any, lasding to immediate DUE TO (OR AS A CONSEQUENCE OF):													
2	CAUSE (Disease or Injury													
E	DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
当	d													
									WERE AUTOPSY FINDINGS					
EDICAL	_Ouadraplegia ws a state w								AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?					
ME													1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PLACE OF DEATN (Check only one) OTHER:								
₹	1 YES 2 NO 1 Papetient 2 ER/Out 27. MANNER OF DEATN 28e. DATE OF INJURY				28b. TIM	4 Nursing Nome 5 Residence 8								
	1 Natural 5 🔲 I	Pending	(Month, Day			URY	WO	ORY AI RK? /ES 2	1 00	28d. DESCRIBE NOV	INJURY OC	CURED		
B	3 Sulpido	nveatigation	28e, PLACE OF	INJURY — At h	ome, farm, a	rtreet, fact			-	281, LOCATION (Street	t and Numbe	r or Rumi F	Joula Number	
COMPLETED	4 Nomicide detarmined building, etc. (Specify)								281. LOCATION (Street and Number or Rural Floute Number, City or Town, State)					
7	29s. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated.													
NO	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated.													
w II	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICENSE NUMBE							
@		K/3	1					D?	39846	5			11, 1993	
유	30. NAME AND ADDRESS OF												,	
	Sean Hunt,	M.D.,	310 West	Ninth	Stree	et, I	red	erick	c, Ma	aryland 2	1701			
	31. DATE FILED MOND. GOV.	7 1993	3 gulas	Widson-	andelle									

BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX	OD ATTENDANC DUNCECHAM. The last receives that the death savidants he see
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	1. DECEDENT'S NAME (First, Middle, Last) JAMES AL	FRED KI		CATE OF DEATH	2. DATE MONTH	REG. NO.	9:	3 17	45
	4. SOCIAL SECURITY NUMBER 21.6-44-3561 9a. FACILITY NAME (If not institution, give	1) M 2 🗆 F	G YRS.	F UNDER 1 YEAR IF UNDER 24 HE ONTHS DAYS HOURS SHE	N. (Month		6 Hi	BIRTHPLACE (S Country) SSOUTI	itete or Foreig
TOR	Frederick Memori			Frederick	9c. COUNTY OF DEATH Frederick				
DIRECTOR	111/	derick		rown or location				XX YE	HDE CITY HTS?
FUNERAL		CYCEK DOIL	rc	101. ZIP CODE 217-C	oa -		U.S.		
BY	1 NARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	S. ARMED XXNO S	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 VES 2XXNO Specify: Specify:					ican Indian, oic.	
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	Give kind of wor life. Do NOT use r Chemist							
E COMPL	17. FATHER'S NAME (First, Middle, Leet) 18. MOTHER'S NAME (First, Middle, Meiden Sumame) ROXADDA CLARK								
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1614 Rock Creek Drive, Frederick, Md. 21702								
	20s. METHOD OF DISPOSITION 1								
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE							
	23. PART I. Enter the diseases, or shock, or heart failure		100255 ne death. Do not	22. NAME AND ADDRESS OF Keeney and 1 106 East Chr. enter the mode of dying,	Basford urch St	Fre	deric	k, Md.	2170 proximate tarvai Bet
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that caused th	he death. Do not he line.	Keeney and I 106 East Chu	Basford urch St such as card	Fre	deric tory arrest	k, Md.	2170 proximate tarvai Bet
	ahock, or heart fallure IMMEDIATE CAUSE (Final disease or condition	complications that caused it. List only one cause on each	ONSEQUENCE OF):	Keeney and I 106 East Chu	Basford urch St such as card	Fre	deric tory arrest	k, Md.	2170 proximate terval Bet neet and I
MEDICAL CERTIFICATION	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Subdur DUE TO (OR AS A CO	ONSEQUENCE OF):	Keeney and I 106 East Chu	Basford urch St such as card	Fre	deric tory arrest	k Md . Ap int On On Ap int	2170 proximate larval Betveset and C
MEDICAL CERTIFICATION	ahock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Subdur DUE TO (OR AS A CO	DNSEQUENCE OF):	Keeney and I 106 East Chu	Basford Irch St Buch as card In Part I.	24a. WAS AN AL PERFORMI	deric tory arrest	k Md . Ap int On On Ap int	2170 proximate larval Betweet and C
D BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in daath) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	DUE TO (DR AS A CO DUE TO	DNSEQUENCE OF): DNSEQUENCE OF): DNSEQUENCE OF): DNSEQUENCE OF): DNSEQUENCE OF): At home, farm, str.	the underlying couse giver 26. PLACE OF DEATH OTHER: Nursing Home \$ Resider OF 28c. INJURY AT WORK? AM 1 YES 2 ND	In Part I.	24a. WAS AN AL PERFORMI 1 YES 2 (Specify) CRIBE HOW INJ	TTOPSY ED?	24b. WERE AU API Int On AMAILABE COMPLET OF DEATI TO VES H19+0/C	2170 proximate tarval Betweet and C
BY PHYSICIAN: MEDICAL CERTIFICATION	ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATI 1 Netural 1 Netural 29. CERTIFIER Check only 1 CERTIFYING PHYSICAL	a. SUCON DUE TO (OR AS A CO DUE TO (OR AS A CO DUE TO (DR AS A C	DNSEQUENCE OF): DNSEQUENCE OF): DNSEQUENCE OF): DNSEQUENCE OF): DNSEQUENCE OF): DNSEQUENCE OF): At home, ferm, structured At home, ferm, structured ge, death occurred	the underlying couse giver 26. PLACE OF DEATH OTHER: Nursing Home 5 Resider Nursing Home 5 Resider Nursing Home 5 Resider To WORK? AM 1 YES 2 No	In Part I. (Check only on the cauch according to the cauchy according to the cauchy accordi	24a. WAS AN AL PERFORMI 1 VES 2 (Specify) CRIBE HOW INJ ATION (Street encor fown, State) RUL K (Magnetic encor fown, State)	TOPSY ED? I NO I Number or I Number or I Number or I no stated.	24b. WERE AU AMPILABI COMPLET OF DEATI INVESTMENT POUTS Num FURTIL POUTS Num FURTIL POUTS Num FURTIL POUTS Num	2170 proximate tarval Betveset and D cloud proper Find by the prior to the cause of the prior to the cause of the prior to the cause of the prior to the cause of the prior to the cause of the prior to the cause of the prior to the cause of the prior to the cause of the prior to the cause of the prior to the cause of the prior to the cause of the prior to the cause of the prior to the prior to the cause of the prior to the cause of the prior to the prior t

Julia Savidson Randelle

Christine
31. DATE FILED (MONTH, Day, Year)
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33 35500 THINES HEFFED NIME DS THE HE WIK MAN HALL CHEETEN THOSE X P. D. CHARGE IN BROWN